

OVERSIZE / OVERWEIGHT PERMIT

APPLICATION FORM (UPDATE 04/2014)

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APPLICANT

COMPANY NAME:		
PHYSICAL ADDRESS:		
PHONE:	FAX:	EMAIL:
ORDERED BY:	PO#:	DATE / TIME:
HAVE ACCOUNT: YES	IF NONE, CREDIT CARD#	EXP. DATE:

LOAD INFORMATION

LOAD DESC.:	MAKE:	MODEL:	S/N#:
LOAD DIM.:	LENGTH:	WIDTH:	HEIGHT:
	WEIGHT:	HOW MANY?:	
HITCH:	EAVES:	OWNER OF LOAD:	LOADED HOW:

OVERALL DIMENSIONS

LENGTH:	WIDTH:	HEIGHT:	WEIGHT:
OVERHANG	FRONT:	REAR:	EFF. REAR:
	KINGPIN:	GROUND CLEARANCE:	

VEHICLE INFORMATION

UNIT#	TYPE	YEAR	MAKE	FULL VIN# (17 DIGITS)	PLATE	BASED	LENGTH	WEIGHT	# AXLES

CONFIGURATION

AXLES	STEER	2	3	4	5	6	7	8	9	10	11	12
SPACINGS:												
WEIGHTS:												
TIRE SIZE:												
T. RATING:												
A. RATING:												

PERMIT(S) REQUIRED AND ROUTING

ORIGIN (EXACT FULL ADDRESS OR JCT)				DESTINATION (EXACT FULL ADDRESS OR JCT)			
EFF. DATE	STATE / PROVINCE	REG'D WEIGHT	ROUTES				

INSURANCE / OP. AUTHORITY / ACCOUNT#

INS.CO:	INS POLICY#:	INS. EFF. & EXP. DATE:
FID#:	USDOT#:	INS. COVERAGE\$:
KYU#:	LA ACC.#:	ICC# (IF FOR HIRE):
NSC#:	ON CVOR#:	IRP/CABCARD#:
QC NIR#: R-	QC NEQ#:	IFTA#:
BC FIN. RESP.#:	BC CUSTOMER#:	AB MVID#:
TX ACCOUNT#:	OR FILE #:	NY ACCOUNT#:

COMMENTS

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