

# TEMPORARY TRIP / FUEL PERMIT APPLICATION FORM

(UPDATE 04/2014)

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### APPLICANT

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

### PERMIT(S) REQUIRED

TYPE		STATE / PROVINCE	EFF. DATE / TIME	TYPE		STATE / PROVINCE	EFF. DATE / TIME
TRIP	FUEL		/	TRIP	FUEL		/
TRIP	FUEL		/	TRIP	FUEL		/
TRIP	FUEL		/	TRIP	FUEL		/
TRIP	FUEL		/	TRIP	FUEL		/
TRIP	FUEL		/	TRIP	FUEL		/

### TRACTOR AND SEMI-TRAILER INFORMATION

UNIT#	YEAR	MAKE	FULL VIN# (17 DIGITS)	LICENSE PLATE	BASED	# AXLES

### GENERAL INFORMATION REQUIRED

LOAD DESC.:		LOAD WEIGHT:		DRIVER'S NAME:	
TRIP EMPTY OR LOADED?			OWNER OF LOAD:		
TR WHEELBASE:		TRL WHEELBASE:		TRACTOR LICENSE PLATE EXPIRY DATE:	
FUEL TYPE:		ACTUAL WEIGHT:		TR UNLADEN/EMPTY WEIGHT:	
TR OWNED OR LEASED?		IF LEASED, TR OWNER'S NAME:			
BASED REG'D WEIGHT:					

### ROUTING

ORIGIN:		DESTINATION:				
ROUTES:						
RETURN TRIP?: YES		NO		RETURN TRIP LOADED OR EMPTY?: LOADED		EMPTY

### INSURANCE / OP. AUTHORITY / ACCOUNT#

INS.CO:		INS POLICY#:		INS. EFF. & EXP. DATE:	
FID#:		US DOT#:		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#:	

### COMMENT

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