

REQUEST FOR SPECIAL ROAD USE OVERSIZE/OVERWEIGHT TRIP PERMIT APPLICATION

Fax (850) 410-5779 Phone (850) 410-5777 or visit www.fdotmaint.com/permit for more information

PERMITTEE NAME: _____ INVOICE NAME: _____ MAILING ADDRESS: _____ CITY, STATE, ZIP: _____	PAY BY: CHECK/CASH/MONEY ORDER (CIRCLE ONE) PAY BY: ARI/ESCROW _____ PAY BY: CREDIT CARD (CALL 850-410-5777)
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FROM (CITY): _____ TO (CITY): _____ ROUTE: _____ _____ PRE-AUTHORIZATION CODE # : _____	PHONE NUMBER: _____ FAX NUMBER: _____ # OF PERMITS REQUESTED: _____ PERMIT BEGIN DATE: _____ EMAIL: _____
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CHECK THE VEHICLE CONFIGURATION WHICH APPLIES AND DESCRIBE THE LOAD: 1. <input type="checkbox"/> TRUCK TRACTOR SEMITRAILER HAULING: _____ 2. <input type="checkbox"/> TRUCK TRACTOR WITH SEMITRAILER OVER 53' BUT NOT GREATER THAN 57'6". 3. <input type="checkbox"/> TRUCK TRACTOR WITH 48(+)" - 53' SEMITRAILER WITH KINGPIN SETTING > 41'. 4. <input type="checkbox"/> STRAIGHT TRUCK TOWING OR TOWING A TRAILER CARRYING _____ 5. <input type="checkbox"/> STRAIGHT TRUCK HAULING _____ 6. <input type="checkbox"/> MOBILE HOME - MAKE: _____ SERIAL # (LAST 4 DIGITS): _____ 7. <input type="checkbox"/> SEALED CONTAINERIZED CARGO UNIT - SEAL # (LAST 4 DIGITS): _____ 8. <input type="checkbox"/> WRECKER TOWING A DISABLED VEHICLE 9. <input type="checkbox"/> SELF PROPELLED: _____ 10. <input type="checkbox"/> INNER BRIDGE: TYPE OF VEHICLE _____ HAULING: _____ 11. <input type="checkbox"/> TRUCK TRACTOR SEMI-TRAILER HAULING AUTOS <input type="checkbox"/> STINGER STEERED <input type="checkbox"/> NON-STINGER STEERED	COMPLETE FOR CRANES OR LOADS > 199,000 POUNDS: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th># OF TIRES PER AXLE</th> <th>TIRE WIDTH</th> </tr> </thead> <tbody> <tr><td>1. _____</td><td>_____ IN</td></tr> <tr><td>2. _____</td><td>_____ IN</td></tr> <tr><td>3. _____</td><td>_____ IN</td></tr> <tr><td>4. _____</td><td>_____ IN</td></tr> <tr><td>5. _____</td><td>_____ IN</td></tr> <tr><td>6. _____</td><td>_____ IN</td></tr> <tr><td>7. _____</td><td>_____ IN</td></tr> <tr><td>8. _____</td><td>_____ IN</td></tr> <tr><td>9. _____</td><td>_____ IN</td></tr> <tr><td>10. _____</td><td>_____ IN</td></tr> <tr><td>11. _____</td><td>_____ IN</td></tr> <tr><td>12. _____</td><td>_____ IN</td></tr> <tr><td>13. _____</td><td>_____ IN</td></tr> <tr><td>14. _____</td><td>_____ IN</td></tr> <tr><td>15. _____</td><td>_____ IN</td></tr> </tbody> </table>	# OF TIRES PER AXLE	TIRE WIDTH	1. _____	_____ IN	2. _____	_____ IN	3. _____	_____ IN	4. _____	_____ IN	5. _____	_____ IN	6. _____	_____ IN	7. _____	_____ IN	8. _____	_____ IN	9. _____	_____ IN	10. _____	_____ IN	11. _____	_____ IN	12. _____	_____ IN	13. _____	_____ IN	14. _____	_____ IN	15. _____	_____ IN
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IDENTITY OF LOAD - MUST COMPLETE ONLY ONE: TRUCK OR TRAILER TAG #: _____ LOAD ID #: _____ TRAILER OR TRUCK UNIT #: _____ BILL OF LADING #: _____ VIN # ON EQUIPMENT: _____	DIMENSIONS - MUST COMPLETE ALL SPACES: OVERALL HEIGHT: _____ FT _____ IN OVERALL WIDTH: _____ FT _____ IN OVERALL LENGTH: _____ FT _____ IN TRAILER LENGTH: _____ FT _____ IN OVERHANG (FRONT): _____ FT _____ IN OVERHANG (REAR): _____ FT _____ IN
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THE FOLLOWING SECTIONS MUST BE COMPLETED FOR OVERWEIGHT VEHICLES OR MARKED AS LEGAL WHEN AXLE/GROSS WEIGHT ARE LEGAL:		TOTAL # OF AXLES: _____ TOTAL OUTERBRIDGE: _____ TOTAL GROSS WEIGHT: _____								
AXLE SPACINGS: 1 TO 2: _____ FT _____ IN 2 TO 3: _____ FT _____ IN 3 TO 4: _____ FT _____ IN 4 TO 5: _____ FT _____ IN 5 TO 6: _____ FT _____ IN 6 TO 7: _____ FT _____ IN 7 TO 8: _____ FT _____ IN 8 TO 9: _____ FT _____ IN 9 TO 10: _____ FT _____ IN 10 TO 11: _____ FT _____ IN 11 TO 12: _____ FT _____ IN 12 TO 13: _____ FT _____ IN 13 TO 14: _____ FT _____ IN 14 TO 15: _____ FT _____ IN	AXLE WEIGHTS: AXLE 1: _____ LBS AXLE 2: _____ LBS AXLE 3: _____ LBS AXLE 4: _____ LBS AXLE 5: _____ LBS AXLE 6: _____ LBS AXLE 7: _____ LBS AXLE 8: _____ LBS AXLE 9: _____ LBS AXLE 10: _____ LBS AXLE 11: _____ LBS AXLE 12: _____ LBS AXLE 13: _____ LBS AXLE 14: _____ LBS AXLE 15: _____ LBS	OFFICE USE ONLY: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">CLASS:</td> <td style="text-align: center;">S</td> <td style="text-align: center;">N</td> <td style="text-align: center;">E</td> </tr> <tr> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3 4</td> </tr> </table> PERMIT FEE: _____ AXLE CODE: _____ DIMENSION CODE: _____ MIN. O. B. REQUIRED: _____ TECH INITIALS: _____ SPECIAL NOTES: _____	CLASS:	S	N	E		1	2	3 4
CLASS:	S	N	E							
	1	2	3 4							
APPLICANT NAME AND DATE: _____										