

**GEORGIA DEPARTMENT OF TRANSPORTATION  
OVERSIZE PERMIT UNIT**

IF YOU HAVE ANY QUESTIONS, PLEASE CALL  
(888) 774-1460 FOR ASSISTANCE

**MAILING ADDRESS:**  
Georgia Department of Transportation  
Oversize Permit Unit  
P. O. Box 17937  
Atlanta, GA 30316-0937



EMAIL COMPLETED APPLICATION TO  
[PEWIREROOM@DOT.GA.GOV](mailto:PEWIREROOM@DOT.GA.GOV)  
or FAX APPLICATION to: (404)635-8164

Visit our website at  
<http://www.dot.ga.gov/doingbusiness/permits/oversize>

**ANNUAL PERMIT APPLICATION**

This application is for an Annual Permit, which is good for a twelve- (12) month period, to cover the movement of oversize and/or overweight loads. There are two (2) different types of Annual Permits based on the **maximum** dimensions and allowable routes of travel and are as follows:

**(PLEASE COMPLETE APPLICATION FULLY, ANY AREAS LEFT BLANK MAY DELAY YOUR APPLICATION PROCESS TIME)**

☐ **Standard Annual \$150.00**  
Width – 12'  
Height – 14'6"  
Length – 100'  
Weight – 100,000 lbs.  
Most Routes unless posted

Number of permits: \_\_\_\_\_ x \$150.00 = \$ \_\_\_\_\_

☐ **Annual Plus \$500.00**  
Width – 14'  
Height – 14'6"  
Length – 100'  
Weight – 100,000 lbs.  
Travel on NHS routes only – see NHS map

Number of permits: \_\_\_\_\_ x \$500.00 = \$ \_\_\_\_\_

US DOT# \_\_\_\_\_ BEGIN DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

ESCROW ID# \_\_\_\_\_ or CREDIT CARD #: \_\_\_\_\_ EXPIRATION: \_\_\_\_\_

OTHER METHODS OF PAYMENT ACCEPTED INCLUDE MONEY ORDER, CERTIFIED OR CASHIERS CHECK, OR COMPANY CHECK (NO PERSONAL CHECKS).

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

COMPANY PHONE #: \_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_

INSURANCE CARRIER: \_\_\_\_\_ POLICY #: \_\_\_\_\_ EXPIRATION: \_\_\_\_\_

YOU ARE REQUIRED TO MAINTAIN \$1,000,000 LIABILITY INSURANCE FOR THE DURATION OF THIS PERMIT. ACCORD FORM MUST BE ON FILE WITH THE GEORGIA DEPARTMENT OF TRANSPORTATION IN THE OVERSIZE PERMIT UNIT.

**(PLEASE COMPLETE THE AREA BELOW – WE CAN NOT ISSUE PERMIT WITHOUT KNOWING WHAT YOU ARE HAULING)**

LOAD DESCRIPTION: \_\_\_\_\_

<b>Overall</b>	<b>Overall</b>	<b>Overall</b>	<b>Overall</b>
WIDTH _____ FT. _____ IN.	HEIGHT _____ FT. _____ IN.	LENGTH _____ FT. _____ IN.	WEIGHT _____

PERMIT HOLDER IS RESPONSIBLE TO ENSURE THAT THE PERMITTED LOAD CAN SAFELY TRAVEL OVER ALL ROUTES THEY PROPOSE TO TRAVEL, INCLUDING BUT NOT LIMITED TO VERTICAL, HORIZONTAL AND WEIGHT CLEARANCES.

Any permitted load involved in a vehicle accident must submit copy of the Uniform Motor Vehicle Accident Report with a copy of their permit to the address shown above, within fifteen (15) days, as required by Rules of the Department of Transportation, 672-2-03(h)

**TRAVEL WITH ORIGINAL PERMIT ONLY**

(NOTE: CREDIT CARD USE IS ACCEPTED BY THE OVERSIZE PERMIT UNIT AND IS OFFERED AS AN OPTION OF CONVENIENCE FOR OUR CUSTOMERS. CHARGES FOR THIS SERVICE IS \$7.00) Revised 10/29/10