



# OVERSIZE / OVERWEIGHT PERMIT APPLICATION FORM

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APPLICANT												
COMPANY NAME:												
COMPLETE PHYSICAL ADDRESS:												
PHONE:			FAX:			EMAIL:						
ORDERED BY:					PO#:		DATE / TIME:					
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												