

OVERSIZE / OVERWEIGHT PERMIT

APPLICATION FORM (UPDATE 02/2024)

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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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GUIDE FOR OVERSIZE / OVERWEIGHT PERMIT APPLICATION

FORM

(UPDATE 02/2024)



APPLICANT

1. NAME OF CARRIER: Must reflect actual name as registered with base state or province. If DBA, must state full company name. If numbered company, must state the "number" DBA "usual name".
2. PHYSICAL ADDRESS: Requires complete physical address and not mailing address including City, State/Prov, Zip/Postal Code.
3. PHONE#: Where the applicant can be reached.
4. FAX # or EMAIL ADDRESS: Where permits are to be sent.
5. ORDERED BY: Name of person ordering the permits.
6. DATE / TIME: Date and time application is sent to NOVA.
7. ACCOUNT: Check if you have a NOVA credit account or, if none, enter CREDIT CARD information. (Visa, MC or Amex)

LOAD INFORMATION

1. LOAD DESCRIPTION: Required at all times, in details. MAKE, MODEL, S/N# required for all equipment-related load. If no S/N#, provide Bill of Lading or PO#.
2. LOAD DIMENSIONS: Dimension of one (1) piece. If multiple pieces, state HOW MANY and HOW LOADED (Stacked, Side by side, End to end, Nested). For MOBILE / MODULAR HOME, specify BOX HITCH and EAVES measurements.
3. OWNER : Owner of the load. Required for AB.

OVERALL DIMENSIONS

1. Overall dimensions including tractor, trailer, load and overhang (if any).
2. EFF. REAR: (Distance between center of rear axle group on trailer to end of trailer or load) Required for AB, SK.
3. KINGPIN:
 - Distance from kingpin to rear most axle for AL, CA, CT, IL, IN, MD, NH, NJ, VT.
 - Distance from kingpin to center of rear axle group for FL, MI, MN, NC, NY, PA, RI, SC, UT, VA, WI.
 - Distance from kingpin to end of trailer for TN.
4. GROUND CLEARANCE: (Distance from ground to lowest point of trailer deck) Required for route survey requests and TX.

VEHICLE INFORMATION : If more than a 2-vehicle combination, state all vehicles being used in configuration (Tractor, Jeep, Semi-Trailer, Booster). Specify TYPE of vehicle (Tractor, Straight Truck, Flatbed, Drop deck, Lowboy, Jeep, Booster, Flip axle etc.).

CONFIGURATION (REQUIRED AT ALL TIMES WHEN OVERWEIGHT, SEE BELOW FOR SPECIFICS WHEN LEGAL WEIGHT).

1. AXLE SPACINGS: Required at all times for AB, BC, MB, SK, ON, AR, DE, IN, ND, NY, PA, RI, SC, VA, WV.
2. AXLE WEIGHTS: Required at all times for AB, BC, MB, SK, ON, AR, DE, IN, ND, NY, PA, RI, SC, VA, WV.
3. TIRE SIZE: Required by all states and provinces when OVERWEIGHT.
4. TIRE RATING: (Rated load carrying capacity of an individual tire. The tire ratings are stamped on each tire by the tire manufacturer. When used in Single, provide Single Rating, when use in duals, provide Dual Rating).
Required by NY at all times and required by AR, NH, PA, ON, QC, when OVERWEIGHT.
5. AXLE RATING: (The rated load carrying capacity of an individual axle and wheel assembly).
Required by NY at all times and required by AR (Steer only), NH, PA, ON, when OVERWEIGHT.

ROUTING

1. ORIGIN & DESTINATION: Provide full street address or Junction when starting / ending within a state or province. Required for all states and provinces.
2. DATE : Provide date you need the permit to be effective.
3. STATE / PROV. : Specify which state or province you require the permit for.
4. REG'D WGT: Provide weight you are registered for on your cab card for that specific state or province.
5. ROUTES: Provide all routes used within that state or province.

GENERAL REQUIREMENTS

1. FID#, USDOT#, ICC#: Required for all states.
2. NSC#: Required for all Canadian carriers travelling through Canada.
3. INSURANCE INFORMATION required for: GA, IN, SD.
4. ON CVOR#: Required for all Ontario carriers and US carriers if going thru Ontario.
5. QC NIR# / NEQ#: Required for all Quebec carriers and US carriers if going thru Quebec.
6. KYU# required for KY.
7. LA ACC# required for LA.
8. IRP / CABCARD / IFTA#: Required for AB, BC, MB, SK, AZ.
9. AB MVID#: Required for all Alberta carriers and US carriers if going thru AB.
10. BC FINANCIAL RESPONSABILITY# / Customer#: Required for BC, (Temporary FIN. RESP. # may be obtained if none).
11. TX ACCOUNT# / OR FILE# / NY ACCOUNT#: Required for Texas, Oregon and New York