



Permit Application

Carrier name _____ DOT #: _____ Date: _____
Contact: _____ Phone (mandatory): _____ Email: _____
Federal ID #: _____

Permit Type: Oversize Overweight Both Applicant Load/Pro # (optional): _____

Start St Address: _____ City: _____ St: _____ Zip: _____
Dest St Address: _____ City: _____ St: _____ Zip: _____

Trct #: _____ Trct Year: _____ Make: _____ Lic: _____ St: _____
Trct SN (17 digits): _____

Trlr #: _____ Trlr Year: _____ Trlr Dmsn: _____ Make: _____ Lic: _____ St: _____
Trlr SN: _____

Description of Load: _____ No. Pieces: _____ Trlr Type: _____
Machinery Make: _____ Model: _____ SN(s): _____

Load Weight: _____ lbs. Load Height: _____ ft. _____ in. Load Width: _____ ft. _____ in. Load Length: _____ ft. _____ in.	Total Weight: _____ lbs. Total Height: _____ ft. _____ in. Total Width: _____ ft. _____ in. Total Length: _____ ft. _____ in.	Overhang Front: _____ ft. _____ in. Overhang Rear: _____ ft. _____ in. <u>How Is It Loaded</u> ____ End-to-End ____ Single Item ____ Stacked ____ Side-by-Side
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Axle Weight of Each Axle – And Spacing To Next Axle/Center-to-Center

1) _____ lbs. _____ ft. _____ in. 2) _____ lbs. _____ ft. _____ in. 3) _____ lbs. _____ ft. _____ in.
4) _____ lbs. _____ ft. _____ in. 5) _____ lbs. _____ ft. _____ in. 6) _____ lbs. _____ ft. _____ in.
7) _____ lbs. _____ ft. _____ in. 8) _____ lbs. _____ ft. _____ in. 9) _____ lbs.

States of Travel, Route by Highway, and Start Date for EACH State

State	Date Entered	Route – By Highway/Street
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Phone : 224-772-1279 EMAIL TO: Permits@imcpermits.com