

PERMIT ORDER FORM

Issue Permits To: _____

Company Address: _____ Company Phone # _____

_____ Company Fax # _____

Company FID: _____ Company US DOT: _____

Contact Name and Phone # _____

Send Permits to (email or fax #) _____

Tractor: Unit # _____ # of Axles: _____ (Steer & Drives) Gross Registered Weight: _____

Plate/St: _____ Year: _____ Make: _____ VIN # _____
(complete VIN)

Trailer: Unit # _____ # of Axles: _____ Trailer Length: _____

Plate/St: _____ Year: _____ Make: _____ VIN # _____
(complete VIN)

Load:

Description: _____

Make or Manufacturer: _____ Model # _____ Serial # _____

Load Dimensions:

Width: _____ Length: _____ Height: _____ Weight: _____

Overall Dimensions:

Width: _____ Length: _____ Height: _____ Weight: _____ O/H FRONT: _____ O/H REAR: _____

Axles:

Weights: _____

Spacings: _____
1-2 2-3 3-4 4-5 5-6 6-7 7-8

(If you have more than 8 axles, please attach a drawing including all weights and spacings)

Load Origin (including Address or Junction) _____

Load Destination (including Address or Junction) _____

States that need ordered:

State: _____ Route: _____ Start Date: _____

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please send all order forms to: (fax) 800-587-3764 or (email) order@otrpermits.com

