



SINGLE TRIP PERMIT APPLICATION

DATE ____/____/____ TIME: ____:____ AM PM

Company Name _____

Address _____

Phone ____/____/____ Contact Person _____

Customer ID # _____ Federal DOT # _____

Type Of Permit Trip ____ Trip Begin Time ____:____ AM PM

Oversize Only ____ Overweight Only ____ Oversize and Overweight Only ____

Payment Type Charge Account # _____ Permit Service _____ COD ____

Credit Card Type _____ Card Number _____ Exp. Date ____/____

Send Permit Via: Email Address _____ Fax (____) _____

Load Desc _____ Trk Make _____ Tag _____ State _____

Overall Width _____ Overall Height _____ Overall Length _____ No. Axles _____

Loaded Gross Wgt _____ Trailer Length _____ Overhang Front _____ Rear _____

Axle Weight	Axle Spacing	Axle Weight	Axle Spacing	Axle Weight	Axle Spacing	Axle Weight	Axle Spacing
1. _____	_____	2. _____	_____	3. _____	_____	4. _____	_____
5. _____	_____	6. _____	_____	7. _____	_____	8. _____	_____
9. _____	_____	10. _____	_____	11. _____	_____	12. _____	_____
13. _____	_____	14. _____	_____	15. _____	_____	16. _____	_____

Origin _____ Dest _____

Routes _____

Round Trip ____ Beginning Date ____/____/____ Ending Date ____/____/____

Remarks _____

Manufactured Housing Serial No. _____

For (**OVERSIZE ONLY**), attach check or money order to application and mail to:
MDOT Permit Division, Post Office Box 1850, Jackson, Mississippi 39215-1850

Phone: 601-359-1717; Fax: 601-359-1602 or 601-359-5928