

Transportation Permit Application

ENC-003

Transporter: _____ Name: _____ Address: _____ Phone: _____ Fax: _____ Contact: _____	Applicant: _____ Name: _____ Address: _____ Phone: _____ Fax: _____ Contact: _____	DATES PERMIT REQUESTED: From Sunrise: _____ To Sunset: _____ MOVING REQUESTED: Saturday: [] Sunday: [] Darkness: []
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Authorization is requested for the following: Haul Drive Tow

Show a description of the load or Equipment Model No. (Include dimensions of the load)

Description of Hauling Equipment

Vehicle Width:	King Pin to Last Axle:	Combined Vehicle Length:
Axle Number	1 2 3 4 5 6 7 8 9	
Number Tires per Axle		
Axle Spacing		
Axle Width @ Sidewall		
Maximum Allowable Weight		

Load Ht:	Load Width:	Load Length:	Overhang:	Wt Class:
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Origin: _____ Destination : _____

Requested County Route:

Pilot Car: Yes No

Trust <input type="checkbox"/> Charge <input type="checkbox"/> Check <input type="checkbox"/>	Signature: _____
	Applicant: _____

Single <input type="checkbox"/> Annual <input type="checkbox"/>	Date: _____
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