## OF TRANSPORT

## ANNUAL PERMIT APPLICATION FOR NON-DIVISIBLE QUALIFYING LOADS

PHONE: 1-888-574-6683 // FAX: 919-662-4318 NCDOT OSOW Permit Unit 750 N. Greenfield Pkwy. Garner, NC 27529

			Date:
Permit Agency (if applicable)			
(Permit Agency Name)	(Requested By)	(Te	elephone Number)
<b>Company Information</b>			
(Registered Owner / Lessee)	(Requested By)	(Te	elephone Number)
(Mailing Address)	(City)	(State)	(Zip)
(Email Address)	(Fax Number)		
Power Unit / Vehicle Information			
Vehicle License Plate #:	State: Last 5	digits of VIN:	USDOT#:
Attach application for each additional vo	ehicle (License # / State / Last 5	digits of VIN) on each so	eparate application.
☐ Tractor/Trailer ☐ Truck/Trailer	r 🗌 Truck 🔲 Self-Pro	pelled (required – compl	lete and attach Form PF-21)
Load Information			
Load Description:(Specify type/design if tra	unsporting Construction Equip. // Provide lo		les)
Overall (ft): Width Length			
Weight Information			
Registered License Weight:	Gross Weight:	Total No. A	Axles of Combination:
Extreme Wheelbase Measurement (Hub	to Hub) of Vehicle/Vehicle Com	nbination:ft	inches
**If you are requesting weight in exce	ess of 90,000lbs. for a tractor/tr	ailer combination or in	excess of 80,000lbs. for
qualifying special mobile equipment,	specific routes are required. C	omplete and submit for	rm PF-2A or supply previous
permit number with the routes you we	ould like to use here:		
Payment Information - \$185 per vehicle			
Company Check / Cashier's Check Escrow Account #	/ Money Order payable to NCD	OT (NO PERSONAL CHECKS	OR CASH)
Credit Card (\$4.00 authorization fee)		Exp. Da	ate: CVV: