



**ANNUAL PERMIT APPLICATION  
FOR 16' MOBILE/MODULAR HOMES**  
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) (Telephone Number)

**Company Information**

\_\_\_\_\_  
(Registered Owner / Lessee) (Requested By) (Telephone Number)

\_\_\_\_\_  
(Mailing Address) (City) (State) (Zip)

\_\_\_\_\_  
(Email Address) (Fax Number)

**Power Unit / Vehicle Information**

Power Unit License #: \_\_\_\_\_ State: \_\_\_\_\_ Last 5 digits of VIN: \_\_\_\_\_ USDOT#: \_\_\_\_\_

List additional vehicles (License # / State / Last 5 digits of VIN) on a separate sheet.

**Include a copy of current registration card(s) with application.**

Interstate Commerce/ICC or Dealer # required if permitted vehicle travels across state lines: \_\_\_\_\_

**Load Information**

Maximum of 3" roof overhang / gutter edge

16' wide mobile/modular homes applications must include form PF-27A. Up to 30 routes may be requested.

16' wide mobile/modular home applications will travel and/or delivery on primary routes with restrictions as indicated on the North Carolina Truck Network map and all secondary routes located west of Cleveland, Lincoln, Catawba, Iredell, Davie, Forsyth and Rockingham counties must include a Route Survey Form (PF-16A) from both the transporter *and* the certified escort driver.

Length is limited to a maximum of 105'. Single trip permit is required for movement of all units in excess of 13' 6" in height.

**Weight Information**

Registered License Weight: \_\_\_\_\_ Gross Weight: \_\_\_\_\_ Total No. Axles of Combination: \_\_\_\_\_

**Payment Information - \$200 per vehicle**

Company Check / Cashier's Check / Money Order payable to NCDOT (NO PERSONAL CHECKS OR CASH) \_\_\_\_\_

Escrow Account # \_\_\_\_\_

Credit Card (\$4.00 authorization fee) \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV: \_\_\_\_\_



**ROUTES FOR ANNUAL  
PERMIT APPLICATION  
FOR MOBILE/MODULAR HOMES**

Origin Manufacturer Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dealer Name: \_\_\_\_\_ Dealer Location: \_\_\_\_\_

Specific Route of Travel: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dealer Name: \_\_\_\_\_ Dealer Location: \_\_\_\_\_

Specific Route of Travel: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dealer Name: \_\_\_\_\_ Dealer Location: \_\_\_\_\_

Specific Route of Travel: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dealer Name: \_\_\_\_\_ Dealer Location: \_\_\_\_\_

Specific Route of Travel: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dealer Name: \_\_\_\_\_ Dealer Location: \_\_\_\_\_

Specific Route of Travel: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dealer Name: \_\_\_\_\_ Dealer Location: \_\_\_\_\_

Specific Route of Travel: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dealer Name: \_\_\_\_\_ Dealer Location: \_\_\_\_\_

Specific Route of Travel: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dealer Name: \_\_\_\_\_ Dealer Location: \_\_\_\_\_

Specific Route of Travel: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dealer Name: \_\_\_\_\_ Dealer Location: \_\_\_\_\_

Specific Route of Travel: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**ROUTE SURVEY FORM**  
**FOR 16' WIDE MOBILE/MODULAR HOMES**  
PHONE: 1-888-574-6683 // FAX: 919-662-4320

I, \_\_\_\_\_ certify that the below route of travel over which a 16 foot wide mobile/modular home is to be transported has been physically surveyed and will allow for the safe passage of the mobile/modular home combination, taking into account the overall dimensions, the highway alignments and other obstacles along the roadway.

Home Serial Number: \_\_\_\_\_ Number of Sections: \_\_\_\_\_

Home dimensions:      Length: \_\_\_\_\_      Height: \_\_\_\_\_

Origin Address: \_\_\_\_\_

Destination Address: \_\_\_\_\_

Route: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that the Department of Transportation has the authority to suspend the permittee's privilege to obtain permits and the escort vehicle operator's certification if company/person is found performing duties, at the time of movement, in a manner to cause an accident, personal injury, or damage to property or if the unit becomes a major impedance to traffic due to conditions that should have been known by the transporter and/or escort drivers.

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Company/Title)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Notary Print Name)

\_\_\_\_\_  
(Notary Signature)

SEAL:

My Commission Expires: \_\_\_\_\_