OF TRAME

ANNUAL PERMIT APPLICATION FOR NON-DIVISIBLE QUALIFYING LOADS PHONE: 1-888-574-6683 // FAX: 919-662-4318

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		
Vehicle License Plate #:	State: Last 5 digits of V	IN: 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.		
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Tractor/Trailer Truck/Trailer Truck/Trailer	ruck Self-Propelled (requi	ired – complete and attach Form PF-21)
Load Information		
Load Description:		
(Specify type/design if transporting Con	nstruction Equip. // Provide length if transpo	orting beams/girdles)
Overall (ft): Width Length Height_	Front Overhang R	tear Overhang Trailer Length
Weight Information		
Registered License Weight:(Gross Weight:	Total No. Axles of Combination:
Extreme Wheelbase Measurement (Hub to Hub) of Vehicle/Vehicle Combination:ftinches		
**If you are requesting weight in excess of 90,00		•
qualifying special mobile equipment, specific routes are required. Complete and submit form PF-2A or supply previous		
permit number with the routes you would like to use here:		
Payment Information - \$100 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: