

STATE OF NORTH CAROLINA DEPARTMENT OF TRANSPORTATION

Escort Vehicle Operator Certification

APPLICATION

Full Name: Mailing Address: Apt/Lot Number: City, State, Zip: Phone Number:			
Driver's License Number: License Issue Date:	State Issued: License Expiration	on Date:	
License Class: Date of Birth:	CDL Holder: Y Height:		
Race:	Gender:		
Eye Color:	Hair Color:		
College Name & City: Date of Class:			
All Initial applicants are required to submit a copy of their Certified Driving Record and documentation of their completion of a Defensive Driving Course that has been approved by the National Safety Council.			
F YOU DO NOT HOLD A NORTH CAROLINA DRIVER'S LICENSE, PLEASE ENTER YOUR SOCIAL SECURITY NUMBER IN THE BOX BELOW			
Fill out this application in its entirety and submit it to the following address. Incomplete applications will not be accepted.			

should you have any questions, please do not hesitate to contact ou

No walk-in service is available. Should you have any questions, please do not hesitate to contact our office at (888) 221-8166 or 919-814-3700.

NC Department of Transportation Oversize/Overweight Permit Unit 750 N. Greenfield Parkway Garner, NC 27529

Mailing Address: NC DEPARTMENT OF TRANSPORTATION OVERSIZE/OVERWEIGHT PERMIT UNIT 750 N. GREENFIELD PARKWAY GARNER, NC 27529 Telephone: (919) 814-3700 Fax: (919) 662-4320 Customer Service: 1-888-221-8166

Location: 750 N. GREENFIELD PARKWAY GARNER, NC 27529

Website: https://connect.ncdot.gov/business/trucking/ pages/overpermits

