Rev.11/30/2015
PF-3

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

GENERAL USE SINGLE TRIP PERMIT
FOR NON-DIVISBLE QUALIFYING LOADS

(Mobile/Manufactured Home Permit Applications are required to use special form PF-22)

Telephone: 1-888-LRG-MOVE (574-6683)
Fax: (919)662-4320

Fee: **$12-width**
$12-length
$12-height
$12-weight

TO RECEIVE BY:

☐ **Permit Wire Service**

_____
NAME OF PERMIT WIRE SERVICE

☐ **Credit Card**
($9.00 Authorization/Transmittal Fee)

_____
(CREDIT CARD NUMBER)

_____
(EXPIRATION DATE)

☐ **Direct Fax**

_____
DIRECT FAX ACCOUNT NUMBER

☐ **Pickup**
☐ **Cash** ☐ **Check #**_____

Effective Date _____

Refer to Permit No. _____
(For quick reference)

☐ **Tractor/Trailer** ☐ **Truck/Trailer** ☐ **Truck** ☐ **Hauling** ☐ **Towing** ☐ **Self-Propelled**
(schematics required)

Applicant_____
REGISTERED OWNER / LESSEE

DELIVER BY: ☐ **FAX** ☐ **EMAIL**

Address _____
STREET

Fax # (_____) _____-_____
AREA CODE

_____
CITY STATE ZIP

Email _____

Gross Weight _____ **Registered License Wt.** _____ **Total No. Axles of Combination** _____

Extreme Wheelbase Measurement (Hub to Hub) of Vehicle/Vehicle Combination _____**ft.** _____**inches**

Overall: Width_____ **Length** _____ **Height**_____ **Front Overhang** ____ft. **Rear Overhang** ____ft. **Trailer Length** ____ft.

Trailer Design: ☐ **Flat Bed** ☐ **Single Drop** ☐ **Double Drop** ☐ **Stretch** ☐ **Other**_____
(Specific Design)

Commodity ☐ Hauled ☐ Towed_____
(If transporting Construction Equipment, specific type/design is required. Provide length of piece if transporting beams/girders.)

If commodity is being hauled, how is it loaded:

☐ **Directly on Trailer** ☐ **Flat Rack Ship Container** ☐ **Sealed Ship Container** ☐ **Other**_____
(Specific Description)

If hauling multiple pieces, how are they loaded: ☐ **Stacked** ☐ **Side by Side** ☐ **In Line**

Origin _____ **Destination** _____
(Exact Location/Address/Jct.) **(Exact Location/Address/Jct.)**

Requested route(s) of travel _____
(To include specific County Road Numbers, NC, US and Interstate Routes)

_____

_____

License No. of truck/tractor/special mobile equipment_____ **State**_____

Serial/VIN number (last 5 digits) of truck/tractor/special mobile equipment _____**USDOT #** _____

Requested by _____ **Telephone** (___)_____ **Date** _____