SINGLE TRIP PERMIT APPLICATION
FOR NON-DIVISIBLE QUALIFYING LOADS
PHONE: 1-888-574-6683 // FAX: 919-662-4320

Date:__________________

Permit Agency (if applicable)

(Permit Agency Name) ____________________________  (Acct #) ______  (Requested By) ____________  (Telephone Number) ________________________

Company Information

(Registered Owner / Lessee) ____________________________  (Requested By) ____________  (Telephone Number) ________________________

(Mailing Address) ____________________________________________  (City) ____________________________  (State) ____________________________  (Zip) ____________________________

Permit Information

Previous Permit Number (for reference): ____________________________  Effective Date: _________________
To receive permit by: □ Fax: ____________________________  □ Email: ____________________________

Power Unit / Vehicle Information

Power Unit License #: ____________________________  State: ______  Last 5 digits of VIN: ____________  USDOT#: ____________
□ Tractor/Trailer  □ Truck/Trailer  □ Truck  □ Self-Propelled (required – attach schematic)

Load Information

Load Description: ____________________________________________  □ Hauled  □ Towed
(Specify type/design if transporting Construction Equip. // Provide length if transporting beams/girdles)
If commodity is being hauled, how is it loaded?  □ Directly on Trailer  □ Sealed Ship Container  □ Other ________
If hauling multiple pieces, how are they loaded?  □ Stacked  □ Side by Side  □ In Line
Overall (ft): Width______  Length______  Height______  Front Overhang______  Rear 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: _______ ft _______ inches

Route Information

Origin Address: ____________________________________________
Destination Address: ____________________________________________
Requested Route of Travel: (To include specific County Road Numbers, NC, US and Interstate Routes)
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

Payment Information - $12 per dimension over legal limit

□ Escrow/Direct Fax Account #:______________  □ Credit Card ($9.00 authorization/transmittal fee) Exp Date:______________
□ Pick Up / Check #:__________________________  Card Number:__________________________