



**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 _____
(ex: dollies)

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 (\$4.00 authorization fee) Exp. Date _____

Pick Up / Check #: _____ Card # _____ CVV: _____