



SINGLE TRIP PERMIT APPLICATION FOR 12' & 14' WIDE MOBILE/MODULAR HOMES

PHONE: 1-888-574-6683 // FAX: 919-662-4320

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			Date:	
Permit Agency (if applicable)				
(Permit Agency Name)	(Acct #) ((Requested By)	(Telephone Number)	
Company Information				
(Registered Owner / Lessee)	(Requested B	y)	(Telephone Number)	
(Mailing Address)	(City)		(State) (Zip)	
Permit Information				
Previous Permit Number (for referenc	e):		Effective Date:	
To receive permit by: Fax:		_		
Load & Power Unit / Vehicle Inform	nation			
12 ft. Wide 14 ft. Wide	Number of Sections:	Single Doub	ole Other (Specify)	
Home SN: Power U	Unit License #:	State:	Last 5 digits of VIN:	
Home SN: Power U	Jnit License #:	State:	Last 5 digits of VIN:	
Home SN: Power U	Jnit License #:	State:	Last 5 digits of VIN:	
Home SN: Power U	Jnit License #:	State:	Last 5 digits of VIN:	
Length_105' Height Home l	Length ICC Au	thority/Dealer License	e #:USDOT#:	
Weight Information				
Registered License Weight:	Gross Weigh	t:	_ Total No. Axles of Combination:	
Route Information				
Destination Address:				
Requested Route of Travel: (To include s	pecific County Road Numbers, I	NC, US and Interstate Routes	s)	
Payment Information				
Escrow/Direct Fax Account #:		Credit Card (\$4.00 a)	uthorization fee) Exp. Date:	
Pick Up / Check #:	Card	#:	CVV:	