



**SINGLE TRIP PERMIT APPLICATION
FOR 16' WIDE MOBILE/MODULAR HOMES**
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: _____

Load & Power Unit / Vehicle Information

Number of Sections: Single Double Other (Specify) _____

Home SN: _____ Power Unit License #: _____ State: _____ Last 5 digits of VIN: _____

Home SN: _____ Power Unit License #: _____ State: _____ Last 5 digits of VIN: _____

Home SN: _____ Power Unit License #: _____ State: _____ Last 5 digits of VIN: _____

Home SN: _____ Power Unit License #: _____ State: _____ Last 5 digits of VIN: _____

Length 105' Height _____ Home Length _____ ICC Authority/Dealer License #: _____ USDOT#: _____

Weight Information

Registered License Weight: _____ Gross Weight: _____ Total No. Axles of Combination: _____

Route Information

Origin Address: _____

Destination Address: _____

Requested Route of Travel: (To include specific County Road Numbers, NC, US and Interstate Routes)

*Include a Route Survey Form (PF-16A) from both the transporter and the certified escort driver for applications with travel and/or delivery on primary routes with restrictions on the North Carolina Truck Network map and all secondary routes located west of Cleveland, Lincoln, Catawba, Iredell, Davie, Forsyth and Rockingham counties.

Payment Information

Escrow/Direct Fax Account #: _____ Credit Card (\$4.00 authorization fee) Exp Date: _____

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



ROUTE SURVEY FORM
FOR 16' WIDE MOBILE/MODULAR HOMES
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I, _____ certify that the below route of travel over which a 16 foot wide mobile/modular home is to be transported has been physically surveyed and will allow for the safe passage of the mobile/modular home combination, taking into account the overall dimensions, the highway alignments and other obstacles along the roadway.

Home Serial Number: _____ Number of Sections: _____

Home dimensions: Length: _____ Height: _____

Origin Address: _____

Destination Address: _____

Route: _____

I understand that the Department of Transportation has the authority to suspend the permittee's privilege to obtain permits and the escort vehicle operator's certification if company/person is found performing duties, at the time of movement, in a manner to cause an accident, personal injury, or damage to property or if the unit becomes a major impedance to traffic due to conditions that should have been known by the transporter and/or escort drivers.

(Print Name)

(Signature)

(Company/Title)

(Date)

(Notary Print Name)

SEAL:

(Notary Signature)

My Commission Expires: _____