



SUPERLOAD PERMIT APPLICATION

PF-20

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: _____

Issue Upon Approval (by checking this box, permit will be issued with the effective date and information provided on this application upon approval of this office. Changes will not be made once permit is issued.)

Power Unit / Vehicle Information

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

Trailer License #: _____ State: _____ Last 5 digits of VIN: _____

Load Information

Load Description: _____ Hauled Towed

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

DRAW SCHEMATICS WITH AXLE SPACINGS AND AXLE WEIGHTS

Route Information

Origin Address: _____

Destination Address: _____

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

Payment Information - \$100 app fee (non-refundable) See Publication SL-6 for permit fees

Escrow/Direct Fax Account #: _____ Credit Card (\$9.00 authorization/transmittal fee) Exp Date: _____

Pick Up / Check #: _____ Card Number: _____