Rev. 09/14/16

PF-2

☐ **Cash**

☐ **Check #** _____

☐ **Credit Card**
($4.00 Authorization Fee)

_____
CREDIT CARD NUMBER

_____
EXPIRATION DATE

**North Carolina Department of Transportation**
Division of Highways
Oversize/Overweight Permit Unit
**1-888-221-8166**

# GENERAL NON-DIVISIBLE COMMODITY APPLICATION FOR ANNUAL PERMIT
## $100 Per Vehicle

_____
FAX NUMBER

_____
EMAIL ADDRESS

☐ **Tractor/Trailer** ☐ **Truck/Trailer** ☐ **Truck** ☐ **Hauling** ☐ **Towing** ☐ **Self-Propelled (schematics required)**

**Applicant** _____ **Telephone (_____) _____-_____**
(**Registered Owner/Lessee as it appears on truck registration card**) Area Code

**Address** _____
(Street) (City) (State) (Zip)

**Gross Weight** _____**Registered License Weight** _____**Total No. Axles of Vehicle Combination** _____

**Extreme Axle Measurement** (front hub to rear hub) of Vehicle/Vehicle Combination _____ **Ft**. _____ **Inches**.
**(Complete if applying for an overweight permit)**

**Please provide requested routes of travel on form PF-2A or attach a copy of a permit containing the desired routes when requesting a gross weight in excess of 90,000 lbs. for a tractor/trailer combination or in excess of 80,000 lbs. for qualifying special mobile equipment.**

**Description of Load** _____

**Overall:** **Width**_____ **Length**_____ **Height**_____
Legal 8'6" Maximum 13'6"

**Front Overhang** _____ ft. **Rear Overhang** _____ft. **Trailer Length** _____ft.

**License No.** of truck/tractor/special mobile equipment _____ **State** _____
(**Submit Copy of Current Registration Card**)

**Serial/VIN** number (last 5 digits) of truck/tractor/special mobile equipment _____ **USDOT #**_____

If more than one vehicle, list serial/VIN number(s) and current license number(s) on separate sheet. **Submit copy of current registration card for each vehicle.**

I certify that the information given in this application is correct; that the vehicle(s) listed hereon is properly registered or apportioned to operate in North Carolina prior to movement; that the vehicle owner(s) has met all financial responsibility requirements, and that the operator is properly licensed to operate the vehicle in the State of North Carolina.

Signed _____ Date _____

**ENCLOSE FOR MAILING:**

**(1) Application for initial permit issue or copy of expiring permit.**
**(2) Copy of current vehicle registration.**
**(3) Payment. ( Payable to NCDOT )**
***PERSONAL CHECKS WILL NOT BE ACCEPTED***
***DO NOT COMBINE ANNUAL FEE WITH ESCROW ACCOUNT PAYMENT***

**MAIL TO:**
**NC Department of Transportation**
**Oversize/Overweight Permit Unit**
**750 N. Greenfield Parkway**
**Garner, North Carolina 27529**
**Fax # (919) 662-4318**