

STATE OF NORTH CAROLINA DEPARTMENT OF TRANSPORTATION

ROY COOPER
GOVERNOR

JAMES H. TROGDON, III
SECRETARY

ГО:	All Applican	ts					
FROM:	Vivian Speight-Bridges, Director Oversize/Overweight Permit Unit						
SUBJECT:	Vehicle Operator Escort Certification						
nformation so o	our office may	y enter you in	to the North C	m, it is requeste arolina Escort V elow with a copy	ehicle Op	erator c	
Full Name:							
Address:	-						
	- -						
	-						
Phone #:	=						_
Driver's License #:				State Issued:			
IF OUT OF ST	ATE LICENS	SE, PLEASE	ENTER SOCI	AL SECURITY #	IN BOX	BELOV	N
License Issue I	Date:			License Expiration Date:			
License Type:				CDL License:	Yes □	l No	
Date of Birth:	_			Height:			
Race:	_			Gender:			
Eye Color:	-			Hair Color:			
School Name 8	& Location:						
Date of Class:	· -						
		NC D Over 1		Transportation ht Permit Unit ice Center			

By providing this information, it will allow our office to notify you of any updates to the program and provide you with a renewal notice of when your certification will be expiring. No walk-in service available for escort certification. Your assistance in this matter is greatly appreciated. If you have any questions, please do not hesitate to contact our office at 1-888-221-8166 or 919-814-3700.

VSB:sh

Mailing Address: NC DEPARTMENT OF TRANSPORTATION OVERSIZE/OVERWEIGHT PERMIT UNIT 1561 MAIL SERVICE CENTER RALEIGH, NC 27699-1561 Telephone: (919) 814-3700 Fax: (919) 662-4320 Customer Service: 1-888-221-8166

Website: www.ncdot.gov/~osowpermits

Escort E-Mail: EVO_Certification@ncdot.gov

750 N. GREENFIELD PARKWAY GARNER, NC 27529

Location:

SS#: _____