| Rev. | 1 | 0/ | 1 | 8 |
|------|---|----|---|---|
|      |   |    |   |   |

| <b>North Carolina Department of Transportation</b> |   | TO RECEIVE BY:   |  |  |
|--|---|--|--|--|
| Oversize/<br>750 N                                 | Oversize/Overweight Permit Office<br>750 N. Greenfield Parkway                    |  |  |  |
| Garner, NC 27529                                   |   | NAME OF PERMIT WIRE SERVICE                            |  |  |
| SUPERLOAI  | <b>D</b> PERMIT APPLICATION   | Credit Card<br>(\$10.00 Authorization/Transmittal Fee) |  |  |
| Effective Date                                     | ohone: 1-888-221-8166<br>Fax: (919) 662-4320                                      | (CREDIT CARD NUMBER)                                   |  |  |
| Refer to Permit No(For quick reference)            | +   | (EXPIRATION DATE)                                      |  |  |
| ☐ Issue Upon Approval (See Note Below)             | \$12-length<br>\$12-height<br>\$12-weight<br>\$3 per 1,000 lbs. over 132,000 lbs. | DIRECT FAX ACCOUNT NUMBER                              |  |  |
| Applicant  | <b>DELIVER BY:</b>  | 🗆 FAX 🔲 EMAIL  |  |  |
| Address  | <b> Fax</b> # ()  |  |  |  |
|  | Email   |  |  |  |
| CITY STATE   | ZIP   |  |  |  |
| Gross Weight Registered                            | l License Wt Tota   | al No. Axles of Combination                            |  |  |
| Extreme Wheelbase Measurement (Hub t               | o Hub) of Vehicle/Vehicle Combinatio  | nftinches  |  |  |
| Overall: Width Length Heigh                        | nt Front Overhangft. Rear   | <b>Overhang</b> ft. <b>Trailer Length</b> f            |  |  |
| Commodity Transported Towed_                       |   |  |  |  |
| Origin   | Destination   |  |  |  |
| (Exact Location/Address/Jct.)                      |   | (Exact Location/Address/Jct.)                          |  |  |
| Requested route(s) of travel                       |   |  |  |  |
|  | (To include specific County Road Numbers, NC,                                     | US and Interstate Routes)                              |  |  |
| Truck/Truck Tractor License No                     | State Serial/VIN (las   | t 5 digits)  |  |  |
| Trailer License No Sta                             | te Serial/VIN (last 5 digits)   |  |  |  |
|  |   |  |  |  |
| Requested by                                       |   |  |  |  |
| Requested by DRAW SCHEMATI                         |   | Date   |  |  |
|  | Telephone()   | Date   |  |  |

\*Issue Upon Approval: By selecting IUA the permit will be issued with the effective date and infomation provided on this application once approved by the permit office. Changes will not be allowed once the permit is issued.

YOUR PERMIT APPLICATION WILL NOT BE CONSIDERED UNTIL ALL INFORMATION IS COMPLETED AS REQUIRED. ALLOW AT LEAST 16 WORKING HOURS PRIOR TO INQUIRY REFERENCE STATUS OF PERMIT APPLICATION.