

Oversize/Overweight Vehicle Single Trip Permit Application

Commercial Vehicle Services PO Box 47367 7345 Linderson Way SW Olympia, WA 98504-7367 360-704-6340 / FAX 360-704-6391

Same day service not guaranteed if customer enters office after 3:00 p.m.

			Self-Iss	sued Pe	ermits - 24-	hours	∈a day/7 day	s a w	reek				
Company Name							Contact Name				DOT#		
Street Address							Phone (with Area Code)				Permit Start Date		
City				State	Zip Code	Fax	ax (with Area Code)				Permit End Date		
E-Mail Add	Iress												
Power Unit License Number Transponder No				umber			VIN Number (Complete)						
Make						,	Year	ar Base State		Unit#			
DETAILED LOAD DESCRIPTION							Tractor/Trailer (Connected by 5th Wheel) Truck/Trailer (Connected by Hitch Single Vehicle						
Origin (City	')						estination (City	/)					
Power Unit # of Axles Trailing Unit & of Axles						G	Gross Weight Licensed			Ax	Axle Spacing Report #		
Width Height Total Overall Length				Lo	oad Length or	ength (Whiche	ngth (Whichever is longer)		Fre	Front O/H Rear O/H			
	d inches and nu	axle spacings are	e required if no a.er axle.	xle spaci	ng report numl	ber is p	rovided. Give a	xle spa	cing measured	from c	enter of axle	to center of axle	Э
Spacing:	1												
Axle Weights: Tire Size on Steer Axle			Lift Axle? Yes No	hich Axle?		Tire Size?			Single Sel Dual		f Steering? Yes No		
	of Travel (Sighways	tate Highway Beginning	s with milepos	ts for s Ending N	ingle trip ove	ersize	overweight r Highw			ining M	IP	Ending MP	
County .	City Miles												
Signatur	е										ate		