



Office Hours: Mon- Fri, 8am to 5pm CST
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Date: Time: Credit Card#

Ordered By: Phone#: EXP Date:

Company: Email:

Address:

FEIN# MC# US DOT#

Hauling:

Make: Model:

Serial#

TRACTOR:

UNIT# YEAR MAKE FULL SERIAL# LICENSE# STATE REG #AXLES WGT

TRAILER:

UNIT# YEAR MAKE FULL SERIAL# LICENSE# STATE TRAILER #AXLES LENGTH

\*Axle spacing and axle weights required for all overweight loads AND the states of CT, DE, IN, NY, ND, PA, SC, VA, and WV require axle spacing and axle weights for ALL loads - legal weight and overweight.

OVERALL DIMENSIONS

WIDTH:
LENGTH:
OVERHANG?F: R:
HEIGHT:
WEIGHT:

OBJECT DIMENSIONS

WIDTH:
LENGTH:
HEIGHT:
WEIGHT:

**\*SPACINGS**

1-2 \_\_\_\_\_  
2-3 \_\_\_\_\_  
3-4 \_\_\_\_\_  
4-5 \_\_\_\_\_  
5-6 \_\_\_\_\_  
6-7 \_\_\_\_\_  
7-8 \_\_\_\_\_  
8-9 \_\_\_\_\_

**\*WEIGHTS**

1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_  
4 \_\_\_\_\_  
5 \_\_\_\_\_  
6 \_\_\_\_\_  
7 \_\_\_\_\_  
8 \_\_\_\_\_

**FLATBED** \_\_\_\_\_

**LOWBOY** \_\_\_\_\_

**TIRES & SIZES:**

TRACTOR \_\_\_\_\_

TRAILER \_\_\_\_\_

**ORIGIN (CITY, STATE & ADDRESS)**

<b>STATE</b>	<b>ROUTES</b>	<b>START DATE</b>	<b>FAX TO:</b>
____/____	____/____	____/____/____	_____
____/____	____/____	____/____/____	_____
____/____	____/____	____/____/____	_____
____/____	____/____	____/____/____	_____
____/____	____/____	____/____/____	_____
____/____	____/____	____/____/____	_____

**FINAL DESTINATION (CITY, STATE & ADDRESS)**

\_\_\_\_\_