



REQUEST FOR PERMIT FOR OVERSIZED/ OVERWEIGHT VEHICLE

Applicant

Driver Name:

Driver Phone Number:

Company Name:

Company Phone Number:

Company Address:

Email Address:

City

State

Zip

Routing

Date(s) of move:

Item(s) to be moved:

Time(s):

Haul

Drive

Tow

Origin:

Destination:

Routes of travel:

Vehicle

Transport Vehicle Make and Model:

Transport Vehicle License Number:

Trail License Number:

Height: feet inches

Width feet inches

Length: feet inches

Gross Weights pounds

Special Instructions:

Police Escort Requested? If so, applicants must call (434) 455-6047 at least 24 hours in advance.

YES:

No:

Signature of Applicant:

Print Name

Permit Number: _____

Single Trip

Blanket

Effective Date: _____

Expiration Date _____

Authorized: _____

TRAFFIC SAFETY UNIT