ATLANTIC PERMITS APPLICATION FORM

Date: _____

Company Name: _____ US DOT #:_____

Contact Name: _____ Email: _____

Company Address: _____

Phone: _____ IFTA # _____ Federal ID/ EIN #_____

Origin: _____

Destination: _____

Truck Info:

Unit # _____

Year _____ Make _____

Plate #_____ State ____

VIN (17 digits)_____

Trailer Info:

Unit #_____

Year _____ Make _____

Plate #_____ State _____

VIN (17 digits)_____

Trailer Size: _____ ft.

Trailer Type: _____

Truck Axles

Trailer Axles

Total Axles

Load Description: _____ Number of Pieces: _____

Machinery Make: _____ Model: _____ S/N (BOL#): _____

Load Weight: _____ lbs.

Load Height: _____ ft.in.

Load Width: _____ ft.in.

Load Length: _____ ft.in

Gross Weight: _____ lbs.

Total Height: _____ ft.in.

Total Width: _____ ft.in.

Total Length: _____ ft.in.

Overhang Front: _____ ft.in.

Overhang Rear: _____ ft.in.

Loaded:

☐ End-to-end ☐ Stacked

☐ Side-by-side ☐ Single

Weight :

Drive: _____ lbs

Steer: _____ lbs

Trailer: _____ lbs

KingPin: ____ ft.in

Axle Spacing:

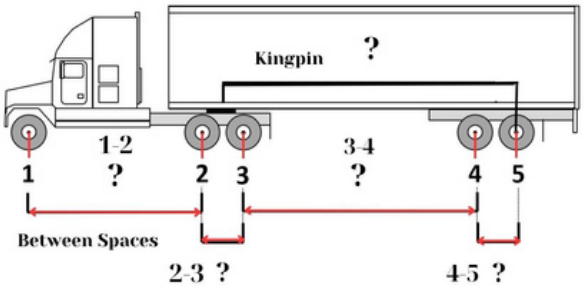
1-2: _____ ft.in.

2-3: _____ ft.in

3-4: _____ ft.in

4-5: _____ ft.in

5-6: _____ ft.in



Please enter any additional info below:

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