

GEORGIA DEPARTMENT OF TRANSPORTATION
OVERSIZE PERMIT UNIT

IF YOU HAVE ANY QUESTIONS, PLEASE CALL
(888) 774-1460 FOR ASSISTANCE

MAILING ADDRESS:

Georgia Department of Transportation
Oversize Permit Unit
P. O. Box 17937
Atlanta, GA 30316-0937



Email completed application to
Pewireroom@dot.ga.gov
or fax application to: (404) 635-8164

Visit our website at
www.dot.ga.gov/doingbusiness/permits/oversize/

ANNUAL PERMIT APPLICATION FOR DAMAGED TIMBER

PERMIT FEE \$37.50

Width - 10'
Height - 14'0"
Length - 100'
Weight - 95,000 lbs.

Number of permits: _____ x 37.50 = \$ _____

AFFIDAVIT # _____

US DOT# _____ BEGIN DATE: _____ END DATE: _____ 6/3/14

COMPANY NAME: _____

ESCROW ID# _____ or CREDIT CARD #: _____ EXPIRATION: _____

OTHER METHODS OF PAYMENT ACCEPTED INCLUDE MONEY ORDER, CASH, CERTIFIED OR CASHIER'S CHECK, OR COMPANY CHECK (NO PERSONAL CHECKS)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COMPANY PHONE #: _____ CONTACT PERSON: _____

INSURANCE CARRIER: _____ POLICY #: _____ EXPIRATION: _____

YOU ARE REQUIRED TO MAINTAIN \$100,000 LIABILITY INSURANCE FOR THE DURATION OF THIS PERMIT.

LOAD DESCRIPTION: _____ DAMAGED TIMBER _____

Overall		Overall		Overall		Overall	
WIDTH	10 FT. 0 IN.	HEIGHT	14 FT. 0 IN.	LENGTH	100 FT. 0 IN.	WEIGHT	95,000

PERMIT HOLDER IS RESPONSIBLE TO ENSURE THAT THE PERMITTED LOAD CAN SAFELY TRAVEL OVER ALL ROUTES THEY PROPOSE TO TRAVEL, INCLUDING BUT NOT LIMITED TO VERTICAL, HORIZONTAL AND WEIGHT CLEARANCES.

CITY OF ORIGIN _____ OR BORDERING STATE LINE
CITY OF DESTINATION _____ OR BORDERING STATE LINE

REQUESTED ROUTE:

Any permitted load involved in a vehicle accident must submit copy of the Uniform Motor Vehicle Accident Report with a copy of their permit to the address shown above, within fifteen (15) days, as required by Rules of the Department of Transportation, 672-2-03(h)

TRAVEL WITH ORIGINAL PERMIT ONLY