

**GEORGIA DEPARTMENT OF TRANSPORTATION
OVERSIZE PERMIT UNIT**

**IF YOU HAVE ANY QUESTIONS, PLEASE CALL
1-888-262-8306 FOR CUSTOMER SERVICE**

**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:
404-635-8501;
404-635-8507; 404-635-8509**

SUPERLOAD SINGLE TRIP PERMIT APPLICATION

IF ORDERING FOR AN INDIVIDUAL, YOU MUST PROVIDE INSURANCE INFORMATION & COMPLETE DRIVER'S LICENSE INFORMATION.

US DOT# _____ COMPANY NAME: _____ BEGIN DATE: _____
 ESCROW ID# _____ or CREDIT CARD #: _____ EXPIRATION: _____
FOR CREDIT CARD

ADDRESS: _____
 CITY: _____ STATE: _____ ZIP CODE: _____
 COMPANY PHONE #: _____ CONTACT PERSON: _____ CONTACT PHONE #: _____
 INSURANCE CARRIER: _____ POLICY #: _____ EXPIRATION: _____
 SEND TO FAX #: _____ or E-MAIL TO: _____

LOAD DESCRIPTION: _____

IF APPLICABLE, PLEASE PROVIDE:

SERIAL # OR CONTAINER # _____ MOBILE HOME MAKE: _____

TRACTOR MAKE: _____ TRACTOR TAG: _____ STATE: _____

TRAILER TAG: _____ STATE: _____

AXLE WEIGHTS REQUIRED ONLY IF WEIGHT EXCEEDS 150,000 LBS.

Overall WIDTH	FT.	IN.	Overall HEIGHT	FT.	IN.	Overall LENGTH	FT.	IN.
1) _____	2) _____	3) _____	4) _____	5) _____	6) _____			
7) _____	8) _____	9) _____	10) _____	11) _____	12) _____			
13) _____	TOTAL GROSS WEIGHT _____			# OF AXLES _____				

TOTAL GROSS WEIGHT AND NUMBER OF AXLES ARE REQUIRED.

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

REQUESTED ROUTE: _____

BEGINNING POINT (INTERSECTION OR ADDRESS): _____
NEEDED IF OVER 16' WIDE, 15' 6" HIGH, 125' LENGTH OR OVER 100,000 LBS.

ENDING POINT (INTERSECTION OR ADDRESS): _____
NEEDED IF OVER 16' WIDE, 15' 6" HIGH, 125' LENGTH OR OVER 100,000 LBS.

REVISED 10/26/10 (NOTE: CREDIT CARD USE IS ACCEPTED BY THE OVERSIZE PERMIT UNIT AND IS OFFERED AS AN OPTION OF CONVENIENCE FOR OUR CUSTOMERS. CHARGES FOR THIS SERVICE IS \$7.00)