

GEORGIA DEPARTMENT OF TRANSPORTATION
OVERSIZE PERMIT UNIT

IF YOU HAVE ANY QUESTIONS, PLEASE CALL
1-844-837-5500 FOR CUSTOMER SERVICE
MAILING ADDRESS:
GEORGIA DEPARTMENT OF TRANSPORTATION
OVERSIZE PERMIT UNIT
P. O. Box 17937
ATLANTA, GA 30316-0937



FAX COMPLETED APPLICATION TO:
575-353-7732
FOR FASTER SERVICE LOGIN TO:
GAPROS.DOT.GA.GOV
BECAUSE OF NEW SECURITY REQUIREMENTS,
DO NOT EMAIL COMPLETED APPLICATIONS

SINGLE TRIP PERMIT APPLICATION

IF ORDERING FOR AN INDIVIDUAL, YOU MUST SEND A COPY OF THEIR INSURANCE LIMITS OF LIABILITY AND A COPY OF YOUR DRIVER'S LICENSE

US DOT# _____ COMPANY NAME: _____ BEGIN DATE: _____
CREDIT CARD
ESCROW: OR CREDIT CARD # _____ EXPIRATION DATE: _____
CREDIT CARD SECURITY CODE: _____ (4 DIGITS ON FRONT OF AX, 3 DIGITS ON BACK OF ALL OTHERS) CREDIT CARD BILLING ZIP CODE: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
CONTACT PERSON: _____ CONTACT PHONE: _____
SEND PERMIT TO FAX # _____ OR EMAIL TO: _____

LOAD DESCRIPTION: _____
IF APPLICABLE, PLEASE PROVIDE:
SERIAL # OR CONTAINER # _____ MOBILE HOME MAKE: _____
TRACTOR MAKE: _____ TRACTOR TAG: _____ STATE: _____
TRAILER TAG: _____ STATE: _____ **TOTAL GROSS WEIGHT** _____ **#OF AXLES** _____
OVERALL **OVERALL** **OVERALL**
WIDTH _____ FT. _____ IN. **HEIGHT** _____ FT. _____ IN. **LENGTH** _____ FT. _____ IN.

Use Full Address, Junction of roads, Border Crossing, Military Base with Gate Number, or Ocean Port for origin and destination
Origin: _____
Destination: _____
Requested Route: _____

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