

REQUEST FOR SPECIAL ROAD USE OVERSIZE/OVERWEIGHT BLANKET PERMIT APPLICATION

Visit www.fdotmaint.com/permit for more information

PERMITTEE NAME: _____ MAILING ADDRESS: _____ CITY, STATE, ZIP: _____ PERMIT BEGIN DATE: _____	PAY BY: CHECK/CASH/MONEY ORDER (CIRCLE ONE) PAY BY: ARI/ESCROW ACCOUNT # _____ PAY BY: CREDIT CARD (CALL 850-410-5777) # OF PERMITS REQUESTED: _____
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CHECK THE VEHICLE CONFIGURATION WHICH APPLIES AND DESCRIBE THE LOAD: 1. <input type="checkbox"/> TRUCK TRACTOR SEMITRAILER HAULING: _____ 2. <input type="checkbox"/> TRUCK TRACTOR WITH 48(+)" - 53' SEMITRAILER WITH KINGPIN SETTING > 41'. 3. <input type="checkbox"/> TRUCK TRACTOR WITH SEMITRAILER OVER 53' BUT NOT GREATER THAN 57'6". 4. <input type="checkbox"/> STRAIGHT TRUCK TOWING OR TOWING A TRAILER CARRYING _____ 5. <input type="checkbox"/> STRAIGHT TRUCK HAULING _____ 6. <input type="checkbox"/> MOBILE HOME 7. <input type="checkbox"/> SEALED CONTAINERIZED CARGO UNIT 8. <input type="checkbox"/> WRECKER TOWING A DISABLED VEHICLE 9. <input type="checkbox"/> SELF PROPELLED: _____ 10. <input type="checkbox"/> INNER BRIDGE: TYPE OF VEHICLE _____ HAULING: _____ 11. <input type="checkbox"/> TRUCK TRACTOR SEMI-TRAILER HAULING AUTOS <input type="checkbox"/> STINGER STEERED <input type="checkbox"/> NON-STINGER STEERED	COMPLETE FOR CRANES OR LOADS > 199,000 POUNDS: <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;"># OF TIRES PER AXLE</th> <th style="text-align: center;">TIRE WIDTH</th> </tr> </thead> <tbody> <tr><td>1. _____</td><td style="text-align: right;">IN</td></tr> <tr><td>2. _____</td><td style="text-align: right;">IN</td></tr> <tr><td>3. _____</td><td style="text-align: right;">IN</td></tr> <tr><td>4. _____</td><td style="text-align: right;">IN</td></tr> <tr><td>5. _____</td><td style="text-align: right;">IN</td></tr> <tr><td>6. _____</td><td style="text-align: right;">IN</td></tr> <tr><td>7. _____</td><td style="text-align: right;">IN</td></tr> <tr><td>8. _____</td><td style="text-align: right;">IN</td></tr> <tr><td>9. _____</td><td style="text-align: right;">IN</td></tr> <tr><td>10. _____</td><td style="text-align: right;">IN</td></tr> <tr><td>11. _____</td><td style="text-align: right;">IN</td></tr> <tr><td>12. _____</td><td style="text-align: right;">IN</td></tr> <tr><td>13. _____</td><td style="text-align: right;">IN</td></tr> <tr><td>14. _____</td><td style="text-align: right;">IN</td></tr> <tr><td>15. _____</td><td style="text-align: right;">IN</td></tr> </tbody> </table>	# OF TIRES PER AXLE	TIRE WIDTH	1. _____	IN	2. _____	IN	3. _____	IN	4. _____	IN	5. _____	IN	6. _____	IN	7. _____	IN	8. _____	IN	9. _____	IN	10. _____	IN	11. _____	IN	12. _____	IN	13. _____	IN	14. _____	IN	15. _____	IN
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LOADED DIMENSIONS - MUST COMPLETE ALL SPACES OVERALL HEIGHT: _____ FT _____ IN OVERALL WIDTH: _____ FT _____ IN OVERALL LENGTH: _____ FT _____ IN TRAILER LENGTH: _____ FT _____ IN OVERHANG (FRONT): _____ FT _____ IN OVERHANG (REAR): _____ FT _____ IN	TOTAL # OF AXLES: _____ TOTAL OUTERBRIDGE: _____ TOTAL GROSS WEIGHT: _____
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THE FOLLOWING SECTIONS MUST BE COMPLETED FOR OVERWEIGHT VEHICLES OR MARKED AS LEGAL WHEN AXLE/GROSS WEIGHT ARE LEGAL:	CONTACT INFORMATION: NAME: _____ PHONE: _____ FAX: _____ EMAIL: _____
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AXLE SPACINGS: 1 TO 2: _____ FT _____ IN 2 TO 3: _____ FT _____ IN 3 TO 4: _____ FT _____ IN 4 TO 5: _____ FT _____ IN 5 TO 6: _____ FT _____ IN 6 TO 7: _____ FT _____ IN 7 TO 8: _____ FT _____ IN 8 TO 9: _____ FT _____ IN 9 TO 10: _____ FT _____ IN 10 TO 11: _____ FT _____ IN 11 TO 12: _____ FT _____ IN 12 TO 13: _____ FT _____ IN 13 TO 14: _____ FT _____ IN 14 TO 15: _____ FT _____ IN	AXLE WEIGHTS: AXLE 1: _____ LBS AXLE 2: _____ LBS AXLE 3: _____ LBS AXLE 4: _____ LBS AXLE 5: _____ LBS AXLE 6: _____ LBS AXLE 7: _____ LBS AXLE 8: _____ LBS AXLE 9: _____ LBS AXLE 10: _____ LBS AXLE 11: _____ LBS AXLE 12: _____ LBS AXLE 13: _____ LBS AXLE 14: _____ LBS AXLE 15: _____ LBS	OFFICE USE ONLY: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">CLASS: S N E</td> </tr> <tr> <td style="text-align: center;"> 1 2 3 4</td> </tr> </table> PERMIT FEE: _____ AXLE CODE: _____ DIMENSION CODE: _____ MIN. O. B. REQUIRED: _____ TECH INITIALS: _____ SPECIAL NOTES: _____	CLASS: S N E	1 2 3 4
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1 2 3 4				

INSTRUCTIONS: 1. FOR ASSISTANCE IN COMPLETING THIS FORM PLEASE CONTACT SPECIAL ROAD USE PERMIT OFFICE AT (850) 410-5777. 2. MAIL, DELIVER, FAX (850410-5779) OR OVERNIGHT TO THE SPECIAL ROAD USE PERMIT OFFICE AT THE FOLLOWING ADDRESS:		
MAILING ADDRESS: FL DEPT. OF TRANSPORTATION 605 SUWANNEE STREET - MS 62 TALLAHASSEE, FL 32399	OVERNIGHT ADDRESS: FL DEPT. OF TRANSPORTATION 2740 CENTERVIEW DRIVE, SUITE 1-C TALLAHASSEE, FL 32301	PAYMENT INFORMATION: MAKE CHECKS PAYABLE TO ACS. CHECKS MADE OUT TO DOT WILL BE RETURNED
APPLICANT NAME: _____ DATE: _____		
PLEASE BE AWARE THAT APPLICATION FOR AN OVERSIZE/OVERWEIGHT PERMIT DOES NOT SATISFY REQUIREMENTS FOR OBTAINING PERMITS FROM OTHER AGENCIES (E.G. IFTA, IRP, DOT #, ETC.). FOR MORE INFORMATION VISIT MYFLORIDA.COM.		