

New York Truck Escorts

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 West Bablyon, NY 11704
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OVERSIZE / OVERWEIGHT PERMIT REQUEST

COMPANY NAME:

ADDRESS:

PHONE:

FAX:

CREDIT CARD:

VISA

MC

A/E

C/C #:

C/C exp:

FID #:

ICC #:

US DOT:

PO #:

ORDERED BY:

DATE:

TIME:

ORIGIN:

DESTINATION:

DATE	STATE / PROV	ROUTES

LOAD INFORMATION

LOAD DESCRIPTION:

MAKE:

MODEL:

S/N:

DIMENSIONS

LOAD	LENGTH:	WIDTH:	HEIGHT:	WEIGHT:	F O/H:
OVERALL	LENGTH:	WIDTH:	HEIGHT:	WEIGHT:	R O/H:

TRACTOR AND TRAILER INFORMATION

UNIT #	TYPE	YEAR	MAKE	SERIAL NO (17 Digits)	PLATE	REG'D	AXLES

TRACTOR IS : OWNED OU LEASED

UNLADEN WEIGHT:

REG. WEIGHT:

TRAILER LENGTH:

DRIVER NAME:

CONFIGURATIONS

AXLES	STEER	2	3	4	5	6	7	8	9	10
SPACINGS										
WEIGHTS										
TIRE CAPACITY										
TIRE SIZE										

INSURANCE INFORMATION

INSURANCE CO NAME:

POLICY NUMBER:

EXPIRY DATE:

INS COVERAGE: \$

COMMENTS: