

ON THE MOVE PERMITS, INC.

TELEPHONE: 608-455-2300

FAX: 608-455-2890

REQUESTED BY: _____ FROM: _____

PHONE: _____ FAX: _____

PERMITTEE: _____

d/b/a: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

\$ AMT OF INSURANCE COVERAGE: _____

FEIN OR SS #: _____ US DOT #: _____

SIZE	LENGTH		WIDTH		HEIGHT		WEIGHT
	FEET	INCHES	FEET	INCHES	FEET	INCHES	POUNDS
LOAD							
TRUCK							
TRAILER							
OVERALL							

Box width (homes): _____ Front overhang: _____ Rear overhang: _____

LOAD: DESCRIPTION: _____ YR/MAKE/MODEL: _____ SERIAL#: _____

	<u>TYPE/ UNIT #</u>	<u>YEAR/ MAKE</u>	<u>PLATE #</u>	<u>STATE</u>	<u>SERIAL</u>	<u>AXLES</u>	<u>RW</u>
TRUCK:	_____	_____	_____	_____	_____	_____	_____
TOWED:	_____	_____	_____	_____	_____	_____	_____

<u>STATE</u>	<u>EFF DATE</u>	<u>ORIGIN</u>	<u>DESTINATION</u>	<u>ROUTE</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

AXLE WEIGHTS: _____

SPACINGS: _____

TIRE SIZES: _____

MC/VISA #, EXP DATE, 3 DIGIT CODE, CARDHOLDER NAME & ADDRESS: