



**STATE OF NEVADA**  
**DEPARTMENT OF TRANSPORTATION**  
 1263 SOUTH STEWART STREET, CARSON CITY, NEVADA 89712  
 TELEPHONE: (775) 888-7410 / FAX: (775) 888-7103

## Specialty Trailer Application

This application must be filled out in its entirety prior to a permit being issued.  
 Please send a drawing of the configuration with this form  
 Fax Application to: 775-888-7103

<b>Reviewed Date:</b>	
<b>NDOT Reviewed By:</b>	
<b>Axle Loads Meet:</b>	
<b>Tire Loads:</b>	
<b>Approved/ Denied:</b>	

<b>Contact Name:</b>					
<b>Name of Company:</b>					
<b>Telephone:</b>			<b>Fax:</b>		
<b>Email Address:</b>					
<b>Unit #</b>	<b>Width:</b>	<b>Height:</b>	<b>Length:</b>	<b>Front Overhang:</b>	<b>Rear Overhang:</b>

Axle #	Steer Axle (Yes/No)	Tires/Axle	Tire Size	Axle Width (feet & inches)	Dolly Width (feet & inches)	Requested Axle Weight (lbs)	Axle Spacing		
							Number	Feet	Inches
1							1 to 2		
2							2 to 3		
3							3 to 4		
4							4 to 5		
5							5 to 6		
6							6 to 7		
7							7 to 8		
8							8 to 9		
9							9 to 10		
10							10 to 11		
11							11 to 12		
12							12 to 13		
13									