



**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 attach 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									



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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
14							13 to 14		
15							14 to 15		
16							15 to 16		
17							16 to 17		
18							17 to 18		
19							18 to 19		
20							19 to 20		
21							20 to 21		
22							21 to 22		
23							22 to 23		
24							23 to 24		
25							24 to 25		



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<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
26							25 to 26		
27							26 to 27		
28							27 to 28		
29							28 to 29		
30							29 to 30		