



STATE OF NEVADA
DEPARTMENT OF TRANSPORTATION
 1263 SOUTH STEWART STREET, CARSON CITY, NEVADA 89712
 TELEPHONE: (775) 888-7410 / FAX: (775) 888-7103
ANNUAL PERMIT APPLICATION
 This application must be filled out in its entirety prior to a permit being issued
 Fax Application to : 775-888-7103

APPLICANT INFORMATION

Contact Name:

Permit Company: (if being used)

Name of Trucking Company:

Mailing Address:

City: _____ **State:** _____ **ZIP Code:** _____

Telephone: _____ **Fax:** _____

Email Address:

**PERMIT CONDITIONS
OVER ALL DEMINSIONS**

Permit Start Date:

- 12' wide, 15' tall, 110' long, 15' over hang (maximums) – valid for weekday, nights, weekend and holiday travel
- 14' wide, 15' tall, 110' long, 25' over hang (maximums) – valid for weekday travel only
- 8'6", 14' tall, 70' long (maximums)- valid for weekday, nights, weekend and holiday travel (weight only)
- Self Propelled – additional schematic and scale ticket required – Axle spacing's and weight requested required

Width	Height	Length

LOAD TYPE

MISCELLANEOUS CONSTRUCTION, MINING & FARM EQUIPMENT, UNLADEN, TRUSSES, BEAMS, JOISTS, CONCRETE PRODUCTS, REBAR, PIPE, UTILITY POLES, OFF-ROAD TIRES, STRUCTURAL & PLATE STEEL, MILITARY & DRILLING EQUIPMENT

UNLISTED ITEMS : _____

MANUFACTURED OR MODULAR HOME AND FRAME

VEHICLE INFORMATION

Identifying Vehicle Information (at least one required)

Unit # _____ **Tractor #** _____ **Trailer #** _____

Weight Information: Indicate axle spacing measured center of each axle, for overweight only (Required when exceeding legal axle weights or 80,000lbs gross weight)

Steer Tire Size: _____

Axle #	1-2	2-3	3-4	4-5	5-6	6-7	7-8	8-9	9-10	10-11	11-12	12-13
Axle spacing (ft & in)												

PAYMENT INFORMATION

Choose One Visa MasterCard Discover Agreement **CVV/Security Code:**

Account Number _____ **Expiration Date:** _____

Name on Card : _____ **Authorizing Signature:** _____