

OVERSIZE/OVERWEIGHT PERMITS



TRANSMIT AMERICA™ WITH TRANS/MID AMERICA INC

® 800-228-7577

FAX: 402-493-7376

Order permits online at www.tmanetwork.com

Company Name:	Contact Name:	Phone:
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Unit ID #	Tractor	Trailer	Load Description		Example: 10-2	Load	Overall
License #			Description		Weight		
State			Make		Width		
Kingpin Distance			Model		Length		
To End of Load/Trailer (Whichever is longer) – TN Only		Ft. -Inches	Serial #/Bill of Lading- PA Only if no Serial #		Height		
To Last Axle – CA Only			Quantity		F. Overhang		
To Center of Rear Axle Group – MN & FL Only					R. Overhang		

Load Site: Address	Delivery Site: Address
Load Site: City, St	Delivery Site: City, St

State	Apportioned Wt.- This St.	Origin (St Line or City)	Destination (St Line or City)	Routes	Effective Date	Fax/Email Destination

Weights and Spacings Required for PA, DE, WV, and VA & all overweight permits. Tires, Width, Size, and Ratings required for NY & all overweight permits.

Axle #	1	2	3	4	5	6	7	8	9	10	11
# Tires per Axle											
Axle Width											
Tire Size											
Axle Rating											
Axle Weight											
Axle Spacings											

COMPANY INFORMATION



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Company Name:			Contact Name:			Federal ID/ Social Security #:		
Doing Business As:			Phone:			US DOT #:		
Address:			Fax:			MC/ICC #:		
City:	St:	Zip:	County:					
Insurance Company Name – Please fax a copy of your certificate of liability insurance (Accord Form)						State Account #'s (If Applicable)		
(Parent Company, not Agent):			Policy Number:			KYU #:		
City:	St:	Liability Amount:	Exp. Date:			Indiana:		

Power Unit Information			All Units Owned by Company? Y___ N___						Vehicle Type: (Cabover, Conventional) / (Truck, Tractor, etc.)	Unladen Wt.
Unit #	Registered Gross Wt. – Base St.	Year	Make	Full Serial # / VIN	License #	State	Exp. Date	# of Axles		

Trailer Unit Information									Trailer Type: (Lowboy, Flat, Stretch....)	Unladen Wt.
Unit #	Length (If stretch, specify min and max)	Year	Make	Full Serial # / VIN	License #	State	Exp. Date	# of Axles		

Name on Credit Card:	Card Holder Zip Code:	Card Number:	Exp Date:
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