

MOVING PERMIT APPLICATION

NAME OF MOVER: _____

ADDRESS: _____

TELEPHONE NO: _____

DATE: _____

YOU ARE REQUIRED TO PRESENT A VERIFICATION THAT YOU HAVE OBTAINED LIABILITY INSURANCE IN THE SUM OF NOT LESS THAN ONE HUNDRED THOUSAND DOLLARS (\$100,000) FOR EACH INDIVIDUAL, AND THREE HUNDRED THOUSAND DOLLARS (\$300,000) FOR EACH OCCURRENCE.

PRESENT CERTIFICATE OF INSURANCE:

		D.O.T. Permit No.:	
Power Unit Year & Make:		Power Unit License No. & State:	
Power Unit License Class:		Object or Load:	Overall Length:
Width:	Height:	Total Weight:	Load Length:
Axle Weights: Single Tandem Triple Quad			
Axle Spacing:			
Trip From:		Trip To:	
Routes:			