

RANDOLPH COUNTY COMMISSION  
OVERSIZE LOAD PERMIT

CONTACT NAME: \_\_\_\_\_ CONTACT PHONE NO.: \_\_\_\_\_

DATE: \_\_\_\_\_ COMPANY NAME: \_\_\_\_\_

COMPANY MAILING ADDRESS AND PHONE NO: \_\_\_\_\_

LOAD DESCRIPTION: \_\_\_\_\_

TRAILER TAG: \_\_\_\_\_ SERIAL NO: \_\_\_\_\_ TRUCK TAG: \_\_\_\_\_

GROSS WEIGHT: \_\_\_\_\_ NO. AXLES: \_\_\_\_\_ MAX. AXLE LOAD: \_\_\_\_\_

WIDTH: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ LENGTH: \_\_\_\_\_ TOTAL LENGTH: \_\_\_\_\_

FRONT OVERHANG: \_\_\_\_\_ REAR OVERHANG: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
CITY OR STATE LINE CITY OR STATE LINE

PROPOSED DATE OF TRANSPORT AND TIME: \_\_\_\_\_

ROUTE OF TRAVEL (PROPOSED): \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_

POLICY I.D.NO.: \_\_\_\_\_

BOND COMPANY: \_\_\_\_\_

BOND I.D. NO.: \_\_\_\_\_

ESCORT (DESCRIBE): \_\_\_\_\_

PERSONNEL: \_\_\_\_\_

APPROVE: \_\_\_\_\_ DISAPPROVE: \_\_\_\_\_

COMMENTS/CHANGES: \_\_\_\_\_

\_\_\_\_\_  
APPLICANT DATE

\_\_\_\_\_  
ENGINEER DATE