

**MISSISSIPPI DEPARTMENT OF TRANSPORTATION
SINGLE TRIP PERMIT APPLICATION**

FAX TO: 601-359-5928 OR 601-359-1602

DATE: ____/____/____ TIME: ____:____

COMPANY NAME: _____

ADDRESS: _____

PHONE #: ____ / ____ / ____

CUSTOMER ID# _____ FEDERAL DOT # _____

PLEASE MARK TYPE OF PERMIT: TRIP: ____ TRIP BEGIN TIME: ____:____ AM OR PM

OVERSIZE ONLY: ____ OVERWEIGHT ONLY: ____ OVERSIZE AND OVERWEIGHT ONLY: ____

HOW TO TRANSMIT PERMIT: (PLEASE CHOOSE ONE)

DOT: ____ DOT/FAX: ____ WIRE: ____ WIRE/FAX: ____

PAYMENT TYPE: (PLEASE CHOOSE ONE)

COD: ____ CHARGE ACCOUNT#: ____ CHARGE WIRE SERVICE: _____

CREDIT CARD TYPE: ____ NUMBER: _____ EXP. DATE: ____/____/____

WHERE TO SEND PERMIT: (PLEASE FILL IN ONE)

SEND TO FAX NO: _____ WIRE SERVICE: _____

LOAD DESC: _____ TRK MAKE: _____ TAG: _____ ST: _____

OVERSIZE: WIDTH: _____ HEIGHT: _____ OVERALL LENGTH: _____ NO. AXLES : _____

LOADED GROSS WGT: _____ TRAILER LENGTH: _____ OVERHANG FRT: _____ REAR: _____

AXLE WEIGHTS & AXLE SPACINGS

1. _____ 2. _____ 3. _____ 4. _____

5. _____ 6. _____ 7. _____ 8. _____

9. _____ 10. _____ 11. _____ 12. _____

13. _____ 14. _____ 15. _____ 16. _____

ORIGIN: _____ DEST: _____

ROUTES: _____

ROUND TRIP: ____ BEGINNING DATE: ____/____/____ ENDING DATES: ____/____/____

REMARKS _____

MANUFACTURED HOUSING SERIAL NO. _____