

STATE OF ALASKA

**DEPARTMENT OF TRANSPORTATION AND PUBLIC FACILITIES
DIVISION OF MEASUREMENT STANDARDS AND COMMERCIAL VEHICLE COMPLIANCE
COMMERCIAL VEHICLE CUSTOMER SERVICE CENTER**



PHONE: 907-365-1200 FAX: 907-365-1221 EMAIL: SWOOP@ALASKA.GOV

OVERSIZE AND/OR OVERWEIGHT NONDIVISIBLE PERMIT APPLICATION

PREVIOUS PERMIT REFERENCE NUMBER: _____ CONTACT NAME: _____
 COMPANY BILLED: _____ PHONE: _____
 MAILING ADDRESS: _____ CELL: _____
 _____ EMAIL: _____
 CARRIER: _____ FAX: _____
 DOT NUMBER: _____ SERIAL NUMBER (IF APPLICABLE): _____
 TRACTOR/POWER UNIT LICENSE PLATE: _____ TRAILER LICENSE PLATE (IF APPLICABLE): _____
 PERMIT DURATION: SINGLE TRIP (3 DAYS) EXTENDED PERIOD START DATE: _____ END DATE: _____
 ORIGIN AND DESTINATION MUST LIST EXACT ADDRESS, CROSS STREETS, OR MILEPOSTS
 ORIGIN: _____ DESTINATION: _____
 EXACT ROUTE (EXACT ROUTE MUST BE SPECIFIED FOR WIDTHS OVER 14', LENGTHS OVER 150', HEIGHTS OVER 16'6", AND ALL OVERWEIGHT MOVES)

OVERALL LENGTH: _____ OVERALL WIDTH: _____ OVERALL HEIGHT: _____

<input type="checkbox"/> SINGLE UNIT UP TO 45'	<input type="checkbox"/> UP TO 8'6"	<input type="checkbox"/> UP TO 15'
<input type="checkbox"/> SINGLE UNIT > 45 (MUST SPECIFY ABOVE)	<input type="checkbox"/> OVER 8'6", UP TO 10'	<input type="checkbox"/> UP TO 16'
<input type="checkbox"/> COMBINATION UP TO 75'	<input type="checkbox"/> OVER 10', UP TO 10'6"	<input type="checkbox"/> UP TO 16'6"
<input type="checkbox"/> COMBINATION UP TO 85'	<input type="checkbox"/> OVER 10'6", UP TO 12'	<input type="checkbox"/> UP TO 17'
<input type="checkbox"/> COMBINATION UP TO 100'	<input type="checkbox"/> OVER 12', UP TO 14'	<input type="checkbox"/> GREATER THAN 17' (MUST SPECIFY ABOVE)
<input type="checkbox"/> COMBINATION > 100' (MUST SPECIFY ABOVE)	<input type="checkbox"/> OVER 14', UP TO 16'	
	<input type="checkbox"/> GREATER THAN 16' (MUST SPECIFY ABOVE)	

LOAD DESCRIPTION: _____
 TRAILER TYPE: _____ FRONT OVERHANG: _____
 TRAILER LENGTH: _____ REAR OVERHANG: _____

EMPTY MOVES TO OR RETURNING FROM AUTHORIZED LOCATION ONLY FOR A MAXIMUM OF 3 DAYS. NO EXTENSIONS WILL BE GIVEN.

EMPTY TRAVEL REQUEST: FROM: _____ LENGTH: _____ WIDTH: _____
 EMPTY RETURN REQUEST: TO: _____ LENGTH: _____ WIDTH: _____

THE FOLLOWING INFORMATION IS REQUIRED IF REQUESTING AN OVERWEIGHT PERMIT:

- THE BOXES BELOW DEPICT A SIDE VIEW OF YOUR TRACTOR-TRAILER COMBINATION OR VEHICLE. PLEASE FOLLOW DIRECTIONS BELOW:
 1) MARK AN "X" IN EACH BOX THAT CORRESPONDS TO THE AXLE(S) & AXLE GROUPS IN THE CONFIGURATION, **MARK AN "L" FOR LIFT AXLES.**
 2) MARK THE SPACINGS (DISTANCE IN FEET OR INCHES) BETWEEN EACH & EVERY AXLE SHOWN (CENTER OF HUB TO CENTER OF HUB).
 3) LIST HOW MANY TIRES IN EACH AXLE GROUP (AND ON LIFT AXLE IF APPLICABLE). LIST LIFT AXLE TIRES SEPERATLY IN DRIVE GROUP.
 4) LIST THE AXLE WEIGHT FOR EACH AXLE GROUP.
 5) LIST THE TIRE SIZE FOR EACH AXLE GROUP (TIRE TREAD WIDTH IN INCHES AS PRINTED ON TIRE). LIST LIFT AXLE TIRES SEPERATLY IN DRIVE GROUP

	STEER AXLE(S)	DRIVE GROUP	JEEP/TRAILER	TRAILER/BOOSTER	BOOSTER
1) CONFIGURATION:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) SPACINGS:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3) NUMBER OF TIRES:	<input type="text"/>	<input type="text"/> L:	<input type="text"/>	<input type="text"/>	<input type="text"/>
4) AXLE WEIGHT:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5) TIRE SIZE:	<input type="text"/>	<input type="text"/> L:	<input type="text"/>	<input type="text"/>	<input type="text"/>

ACTUAL COMBINED VEHICLE WEIGHT: _____