

SOUTH CAROLINA
OVERSIZE/OVERWEIGHT SINGLE TRIP PERMIT APPLICATION

FAX # 803-737-2199

VOICE # 803-737-OSOW (6769)

Issue To: _____
SCDOT Escrow Account #: _____ Contact Name: _____
Address: _____ City: _____ State: _____ Zip code: _____
Telephone #: _____ USDOT#: _____
Fax #: _____ E-mail: _____
Credit Card No: _____ Expire Date: _____
(An additional \$5.00 fee will be charged by the credit card authorizer.)

Load: _____ Load Length: _____
Hauled: _____ Towed: _____ Self Propelled: _____
Mobile Home: New: _____ Used: _____ Serial #: _____ Make: _____
Tractor or Truck Tag #: _____ State: _____
COMPLETE Tractor or Truck VIN: _____
Trailer Type: _____ Trailer Length: _____
Trailer Tag #: _____ State: _____

Overall Width: _____ Overall Length: _____ Overall Height: _____
Overhang on Trailer: Front: _____ Rear: _____

Gross Weight: _____ Number of Axles: _____
Weight Per Axle:
1 - _____ 2- _____ 3 - _____ 4- _____ 5- _____ 6- _____ 7- _____
8- _____ 9 - _____ 10- _____ 11- _____ 12- _____ 13- _____ 14- _____
15- _____ 16- _____ 17- _____ 18- _____ 19- _____

Distance Between Axles:
1&2 _____ 2&3 _____ 3&4 _____ 4&5 _____ 5&6 _____ 6&7 _____ 7&8 _____
8&9 _____ 9&10 _____ 10&11 _____ 11&12 _____ 12&13 _____ 13&14 _____ 14&15 _____
15&16 _____ 16&17 _____ 17&18 _____ 18&19 _____

Trip From (city/town in S.C. or state line): _____
Beginning Junction or Address (not needed if starting at state line): _____

Trip To (city/town in S.C. or state line): _____
Ending Junction or Address (not needed if ending at state line): _____

Complete Routes within S.C.: _____

