

SOUTH CAROLINA
OVERSIZE/OVERWEIGHT STRAIGHT TRUCK PERMIT APPLICATION
FAX # 803-737-2199 VOICE # 803-737-OSOW (6769)

USE OF STRAIGHT TRUCK ONLY

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.)

Straight Truck Tag # _____ State _____

COMPLETE Straight Truck VIN _____

Complete Section I or II

Section I :

_____ **Single Trip (\$30.00)**

Load: _____ Load Length: _____
Bumper to Bumper Length: _____ Bed Length _____

Overall Width: _____ Overall Length: _____ Overall Height: _____
Overhang on Straight Truck: Front: _____ Rear: _____

Gross Weight: _____ Weight Per Axle 1- _____ 2- _____ 3- _____
Number of Axles: _____ Distance between Axles 1&2 _____ 2&3 _____ 3&4 _____

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.: _____

Section II:

_____ **Annual Statewide (\$100.00)**

(May travel all Interstate, US and SC Highways unless gross weight of the vehicle and load exceeds any posted limit).

****Maximum Width (14ft) Maximum Overall Vehicle Length Bumper to Bumper (40ft) Maximum Front Overhang (Legal)
Maximum Rear Overhang on 40 ft Straight Truck (5ft) Maximum Rear Overhang on a Straight Truck less than 40ft (Legal)
Weight (Legal) Height (Legal)**

NON-DIVISIBLE Loads to be Hauled _____
Bumper to Bumper Length: _____ Bed Length _____ Number of Axles: _____