

SC OVERSIZE/OVERWEIGHT
WIDELOAD APPLICATION

(for loads over 16 feet in width)

FAX # 803-737-2199 VOICE # 803-737-OSOW (6769)

Issue To: _____
SCDOT Escrow Account #: _____ Contact Name: _____
Address: _____ City: _____ State: _____ Zip: _____
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: _____
Tractor or Truck Tag #: _____ / _____ State: _____
COMPLETE Tractor or Truck VIN: _____
Trailer Type: _____ Trailer Length: _____
Trailer Tag #: _____ State: _____

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

Gross Weight: _____ Axles: _____
Weight Per Axle:
1 - _____ 2- _____ 3 - _____ 4- _____ 5- _____ 6- _____ 7 _____
8- _____ 9- _____ 10- _____ 11- _____ 12- _____ 13- _____ 14- _____

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

Trip From: _____ To: _____
Beginning Address: _____ Ending Address: _____
Approximate date of move: _____
Over routes: _____

Below to be filled out by SCDOT COUNTY RME: APPLICATION #
Day(s) of the week allowed to travel: _____
Hour(s) during the day or night allowed to travel: _____
Other requirements/restrictions: _____

Recommended: _____ Title: _____
County: _____ Date: _____ Rev.07/07