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