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DIVISIBLE LOAD REQUEST

Carrier's Legal Name:

Permit type: 1 1A 7 9

POWER UNIT: Truck: Tractor:

VIN: Year: Make:

Plate: State: Manf. GVWR: # Axles:

TRAILER: (IF APPLICABLE)

VIN: Year: Make:

Plate: State: Manf. GVWR: Trailer Length: FT IN

Axles:

AXLES:

	Lift	Steerable / Trackable	Manf. GAWR	# of tires per axle	Sum of Manf. Tire Rating	Spacing
1	<u> N/A </u>	<u> N/A </u>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1-2 <input type="text"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	2-3 <input type="text"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	3-4 <input type="text"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	4-5 <input type="text"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	5-6 <input type="text"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	6-7 <input type="text"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	7-8 <input type="text"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	