

COMPANY: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 FEIN OR S.S.#: \_\_\_\_\_ USDOT: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_  
 INSURANCE COMPANY: \_\_\_\_\_ POLICY NUMBER: \_\_\_\_\_ EFFECTIVE: \_\_\_\_\_ EXPIRATION: \_\_\_\_\_

**LOAD INFORMATION:** MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ S/N: \_\_\_\_\_ DESCRIPTION: \_\_\_\_\_  
 LENGTH: FT IN WIDTH: FT IN HEIGHT: FT IN WEIGHT: \_\_\_\_\_

**OVERALL INFORMATION:** LENGTH: FT IN WIDTH: FT IN HEIGHT: FT IN WEIGHT: \_\_\_\_\_  
 FRONT OVERHANG: FT IN REAR OVERHANG: FT IN \_\_\_\_\_

**TRACTOR:** UNIT#: \_\_\_\_\_ YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_ V.I.N.: \_\_\_\_\_ PLATE: \_\_\_\_\_ STATE: \_\_\_\_\_  
 NUMBER OF AXLES: \_\_\_\_\_ DROP AXLE? YES  NO  NUMBER OF TIRES ON DROP: \_\_\_\_\_ REGISTERED WEIGHT : \_\_\_\_\_  
 UNLADEN WEIGHT : \_\_\_\_\_ TIRE SIZE : \_\_\_\_\_ STEER \_\_\_\_\_ DROP \_\_\_\_\_ DRIVES ie: 315/80R22.5

**TRAILER:** UNIT#: \_\_\_\_\_ YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_ V.I.N.: \_\_\_\_\_ PLATE: \_\_\_\_\_ STATE: \_\_\_\_\_  
 NUMBER OF AXLES \_\_\_\_\_ DROP AXLE? YES  NO  NUMBER OF TIRES ON DROP \_\_\_\_\_ TRAILER LENGTH : FT IN \_\_\_\_\_  
 REGISTERED WEIGHT : \_\_\_\_\_ UNLADEN WEIGHT : \_\_\_\_\_ TIRE SIZE : ie: 275/70R22.5

AXLE #	STEER	2	3	4	5	6	7	8	9	10
PROPOSED WEIGHT(LBS)										
MFG. AXLE WEIGHT RATINGS (LBS)										
SUM OF MFG. TIRE RATINGS (LBS)										
AXLE SPACINGS(FT/IN)										
	1 - 2	2 - 3	3 - 4	4 - 5	5 - 6	6 - 7	7 - 8	8 - 9	9 - 10	

**ORIGIN ADDRESS OR INTERSECTION:**

**DESTINATION ADDRESS OR INTERSECTION:**

STATE	START DATE	ROUTES	FAX OR EMAIL TO: