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**OVER-DIMENSIONAL PERMIT ORDER SHEET
 PLEASE FILL OUT COMPLETELY**

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: