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# PERMIT REQUEST FORM



Company Name:  
 Company EIN/FIN:  
 USDOT Number:  
 Company Email:

Company Contact:  
 Company Phone Number:  
 Company Address:

<b>Trip Information</b>	Trip Date:	Day or Night:
Job/Reference Number:		
Trip Origin (Address, Intersection or State/County Line):		
Trip Destination (Address, Intersection or State/County Line):		
Requested Route:		

Truck/Power Unit Information	
Make:	VIN:
Year:	Truck Number/Unit ID:
Plate Number & State:	DMV/IRP Registered Weight(LBS):

Trailer Information	
Make:	VIN:
Year:	Unit ID:
Plate Number & State:	Trailer Length:

Load Information	Overall Truck Dimensions
Load Description (Make/Model/ S/N):	Overall Length (FT/IN):
Load Length (FT/IN):	Overall Width (FT/IN):
Load Width (FT/IN):	Overall Height (FT/IN):
Load Height (FT/IN):	Front/Rear Overhang (FT/IN):
Load Weight (LBS):	Overall Weight (Truck/Trailer/Load):

Axle & Weight Information								
Axles	1	2	3	4	5	6	7	8
Axle Spacing (FT/IN)								
Axle Weight (LBS)								
Max Axle Capacity (LBS)								
Tire Size								
Tire Rating								

Driver Information (If Escort Is Needed)	
Driver Name:	Driver Number:

Insurance Information
Carrier Name:
Insurance Company:
Policy Number:
Phone Number:
Expiration Date:

Please Check Box:    NYC Permit:     NYS Permit:     NJ Permit:     Other State Permit:     Escort:

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_