



Polk County Roads & Drainage Division
Inspection and Testing Section
 PO Box 9005 • Drawer TR-05 • Bartow, FL 33831 • PH (863) 535-2200 • FX (863) 534-7339

**OVERWEIGHT/OVER-DIMENSIONAL
 TRANSPORT PERMIT APPLICATION**

PERMIT NUMBER
EXPIRATION DATE

1. HAUL COMPANY INFO	SECTIONS 1-5 COMPLETED BY APPLICANT/PERMITTEE			
	Haul Company:		Office Contact:	
	Street Address:		Office Phone:	
	Mailing Address:		Email Address:	
		OTR Contact:		
		OTR Mbl. Phone:		

2. ROUTE INFO	FROM/Origin:		HAUL DATE(S):	
	TO/Destination:		DISTANCE/DURATION:	Miles HR/DA
	Point-to Point DIRECTIONS:			

3. VEHICLE/LOAD INFO	TRANSPORT/HAUL VEHICLE TYPE	YEAR	MAKE	MODEL	DIMENSIONS	FEET	INCHES
	Tractor Tag No.:		Vehicle ID (VIN)#:		Maximum Height		
	Trailer Tag No.:		Number of Axles:		Total Length		
	DESCRIBE LOAD (Type & Material)						GROSS COMBINED WEIGHT

4. AXLE SPACING & WEIGHT INFO	AXLE SPACING (Minimum 10')	FEET	INCHES	AXLE SPACING (Minimum 10')	FEET	INCHES	AXLE SPACING (Minimum 10')	FEET	INCHES
	1 to 2			2 to 3			3 to 4		
	4 to 5			5 to 6			6 to 7		
	7 to 8			8 to 9			9 to 10		
	10 to 11			11 to 12			12 to 13		
	13 to 14			14 to 15			15 to 16		
	AXLE #	WEIGHT		AXLE #	WEIGHT		AXLE #	WEIGHT	
	1	LBS.	2	LBS.	3	LBS.	4	LBS.	
	5	LBS.	6	LBS.	7	LBS.	8	LBS.	
	9	LBS.	10	LBS.	11	LBS.	12	LBS.	
13	LBS.	14	LBS.	15	LBS.	16	LBS.		

5. PERMITTEE ACKNOWLEDGEMENT & AGREEMENT	
<p>NOTE: All permit documentation must reflect the latest version of FAC 14-26 ("SAFETY REGULATIONS AND PERMIT FEES FOR OVERWEIGHT AND OVERDIMENSIONAL VEHICLES"). Permit holders and escorts are responsible for compliance with FAC 14-26, as well as applicable United States Occupational Safety and Health Administration (OSHA) Standards. Additional maintenance of traffic (MOT) requirements may also apply. <i>THIS APPLICATION DOES NOT SATISFY REQUIREMENTS FOR OBTAINING PERMITS FROM OTHER AGENCIES.</i></p> <p align="center">I have read, understand, agree and attest to the statements above.</p>	
PERMITTEE: <u> X </u> (Authorized Signature)	DATE: _____ (Month/Day/Year)

POLK COUNTY OFFICE USE ONLY				
APPROVED: <u> X </u> (Signature and Title)			DATE: _____ (Month/Day/Year)	
PERMIT TYPE	APPROVAL/ISSUE DATE:	PERMIT FEE	PAYMENT METHOD (Check One)	
BLANKET (Under 112,000 LBS)	(Expires in 1 Year)	AMOUNT: \$65.00	Check	EBF Other
TRIP	(Month/Day/Year)	PAID (Y/N):		