



Maricopa County Department of Transportation  
 2901 W. Durango Street, Phoenix, AZ 85009  
 (602) 506-7848 or (602) 506-6216

Application for Permit: To Move Oversize / Overweight Vehicles

ALL APPLICATIONS NEED TO BE FAXED TO Fax: 602-506-4009 (NO E-MAILS ACCEPTED)  
 AND BE CLEARLY LEGIBLE: \*APPLICATION MUST BE COMPLETED BY THE PERMITTEE\*  
 IF INCOMPLETE: MUST RESUBMIT A COMPLETED APPLICATION WITH ATTACHMENTS

Applicant \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Email \_\_\_\_\_

Mobile Home / Building Permits Only	
AVT:	
Zoning Clearance:	
Building Permit:	
C22 Lic:	Exp:

Date(s) to be moved: \_\_\_\_\_

MCDOT ROUTE REQUIRED: \_\_\_\_\_

Load Type: \_\_\_\_\_  
 Address from: \_\_\_\_\_  
 \_\_\_\_\_  
 Address to: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

	<u>PLATE</u>	<u>WEIGHT</u>	<u>AXL</u>
Truck	_____	_____	_____
Trailer	_____	_____	_____
Jeep/Dolly	_____	_____	_____
Jeep/Dolly	_____	_____	_____
Load	_____	_____	_____
Other	_____	_____	_____
TOTAL	Gross WT	_____	_____

Length \_\_\_\_\_ Width \_\_\_\_\_ Height \_\_\_\_\_ Front Overhang \_\_\_\_\_ Rear Overhang \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_

MCDOT Traffic Approved / Denied by: \_\_\_\_\_ DATE: \_\_\_\_\_

\*ANY MOVE AT OR OVER 16' REQUIRE A ROUTE SURVEY

\*LOADS TOTALING 160,000 OR GREATER REQUIRES: TRUCK SCHEMATIC AND AXLE VALUES (VEHICLE TRAIN SCHEMATIC, INCLUDING PUSH AND/OR PULL TRUCKS, AND LOAD) SAMPLE FORM(S) ATTACHED

\*APPLICATION REQUIRES UP TO 3 BUSINESS DAYS FOR REVIEW. APPLICATIONS SUBMITTED AFTER 3:00 PM WILL NOT BE REVIEWED UNTIL THE NEXT BUSINESS DAY (EACH REVIEW VARIES)

**PERMIT VEHICLE CONFIGURATION (THIS FORM MUST BE ATTACHED TO OSOW PERMIT APPLICATION)**

**APPLICATION MUST SHOW ACTUAL PERMIT VEHICLE SCHEMATIC, INCLUDING PUSH AND/OR PULL TRUCKS, and LOAD**

TRUCK PLAN  
VIEW with  
dimensions  
(SEE EXAMPLE)

TRUCK  
ELEVATION  
VIEW with  
dimensions  
(SEE EXAMPLE)

**AXLE TABLE**

Axle Number															TOTAL
Axle width (ft)															WEIGHT (lbs):
Load (lbs) <b>per axle</b>															
No of tires <b>per axle</b>															

**NOTES: Adjacent axles carrying exactly similar loads, tires, and dimensions may be grouped in the axle table. (See attached example for clarification.)**

**All information shown on this page must be actual weights and dimensions pertaining to the permit application vehicle.**

**A PERMIT SUBMITTED WITH INCOMPLETE OR INCONSISTENT DATA WILL BE DENIED. Certified axle and/or tire weights may be required.**

Load Description: \_\_\_\_\_ Applicant Company: \_\_\_\_\_

Load Weight: \_\_\_\_\_ lbs Applicant Contact Name: \_\_\_\_\_

Date Load to be Moved: \_\_\_\_\_ Applicant Phone Number (required): \_\_\_\_\_

Date this form was completed: \_\_\_\_\_ Applicant email address (optional): \_\_\_\_\_

Total Length of Permit Vehicle\*: \_\_\_\_\_ Maximum Overall Width\*: \_\_\_\_\_ Maximum Overall Height\*: \_\_\_\_\_

(\*include push/pull vehicles)

This line to be completed by MCDOT Permit Agent only: \_\_\_\_\_ Received by: \_\_\_\_\_ Date received: \_\_\_\_\_

