

PEND OREILLE COUNTY PUBLIC WORKS PO BOX 5040 625 W. 4th Street Newport, WA 99156				PEND OREILLE COUNTY APPLICATION TO TRANSPORT OVERSIZE LOADS	
For Official Use Only Received Date: _____ Received By: _____					
HAUL TO WSDOT REQUIREMENTS					
TRANSPORTATION PROVIDER INFORMATION					
First Name:		Last Name:			
Company Name:		Email:			
Address:		City:		State:	Zip:
Phone:		Date(s) of Move:			
TRUCK & TRAILER INFORMATION					
Truck Make:		Trailer Lic No:			
Truck Year:		Trailer # of Axles:			
Truck Lic No:		Trailer Tire Size:			
Truck # of Axles:		Trailer # of Tires:			
Truck Tire Size		Tractor/Trailer Overall Weight (lbs):			
Overall Height:	Overall Length:		Overall Width:		
DESCRIPTION OF LOAD					
TRAVEL PLAN					
Beginning Location:			Ending Location:		
Proposed Route:					
NOTES:					

I, _____ (print), have read, understand, and will comply with all general and special permit requirements.

X _____ Date: _____