



BUSHELL TRANSPORT COMPANY LTD

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OVERSIZE / OVERWEIGHT PERMIT REQUEST

COMPANY NAME: _____
 ADDRESS: _____
 PHONE: _____ FAX: _____
 CREDIT CARD: VISA MC A/E C/C #: _____ C/C exp: _____
 FID #: _____ ICC #: _____ US DOT: _____ PO #: _____
 ORDERED BY: _____ DATE: _____ TIME: _____

ORIGIN:		DESTINATION:	
DATE	STATE / PROV	ROUTES	

LOAD INFORMATION

LOAD DESCRIPTION: _____
 MAKE: _____ MODEL: _____ S/N: _____

DIMENSIONS

LOAD	LENGTH:	WIDTH:	HEIGHT:	WEIGHT:	F O/H:
OVERALL	LENGTH:	WIDTH:	HEIGHT:	WEIGHT:	R O/H:

TRACTOR AND TRAILER INFORMATION

UNIT #	TYPE	YEAR	MAKE	SERIAL NO (17 Digits)	PLATE	REG'D	AXLES

TRACTOR IS : OWNED OU LEASED UNLADEN WEIGHT: _____ REG. WEIGHT: _____
 TRAILER LENGTH: _____ DRIVER NAME: _____

CONFIGURATIONS

AXLES	STEER	2	3	4	5	6	7	8	9	10
SPACINGS										
WEIGHTS										
TIRE CAPACITY										
TIRE SIZE										

INSURANCE INFORMATION

INSURANCE CO NAME: _____
 POLICY NUMBER: _____ EXPIRY DATE: _____ INS COVERAGE: \$ _____

COMMENTS: _____

