Georgia Department of Public Safety Oversize Permit Unit

IF YOU HAVE QUESTIONS, FOR CUSTOMER SERVICE CALL:

404-635-8176 or 844-837-5500

MAILING ADDRESS:

Georgia Department of Public Safety Attn: Oversize Permit Unit P. O. Box 1456 Atlanta, GA 30371



Fax Completed Application TO: 404-738-1081
E-MAIL GAPERMITS@PROMILES.COM

FOR FASTER SERVICE LOGIN TO: WWW.GAPERMITS.COM

BECAUSE OF NEW SECURITY REQUIRMENTS, DO NOT E-MAIL OR FAX COMPLETED APPLICATIONS WITH CC INFO

Single Trip Permit Application

IF ORDERING FOR AN INDIVIDUAL, YOU MUST SEND A COPY OF THEIR INSURANCE LIMITS OF LIABILITY AND A COPY OF YOUR DRIVER'S LICENSE							
US DOT #Company I	S DOT #Company Name:				Begin Date:		
Escrow or We will contact y	ou for credit card p	payment. CONTACT P	HONE NUMBER				
Address:							
City:		Sta	ate:	Zip Code	:		
Contact Person:		Contact Ph	none #				
Send Permit to Fax #		or E-Mail to:					
LOAD DESCRIPTION:							
If Applicable, Please Provide:							_
Serial # or Container #				Mobile Home Mal	ke:		_
Tractor Make:	Trac	tor Tag:			State:		_
Trailer Tag:	State:	State: Total Gross Weight:			# of Axles:		
Overall	Overall		Overall				
WidthFTIN.	Height	FTIN.	Length	FT	IN.		
Weight per Axle: 1	2	3	45	6	7	8	
Spacing of Axles: 1-2_	2-3	3-4	4-5	5-6	6-7	7-8	
Use Full Address, Junction o	of roads, Borde	r Crossing, Milita	ry Base with Ga	nte Number, or (Ocean Port fo	or origin and des	stination.
Origin:							_
Destination							-
Requested Route:							