## 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.GAPROSPERMITS.COM

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

	Superco	Jau Siligi	e mp rem	nit Application	<u> </u>	
IF ORDERING FOR A	AN INDIVIDUAL, Y	OU MUST SEND A C	OPY OF THEIR INSURAN	CE LIMITS OF LIABILITY AND	A COPY OF YOUR DRIVE	R'S LICENSE
US DOT #Compa	B DOT #Company Name:			Begin Date:		
Escrow We will contact	t you for credit ca	rd payment. CONT	ACT PHONE NUMBER_			
Address:						
City:			State:	Zip Code:		
Contact Person:		Coi	ntact Phone #			
Send Permit to Fax # or E-Mail to:						
LOAD DESCRIPTION:  If Applicable, Please Provide:  Serial # or Container # Mobile Home Make:						
Tractor Make:		Tractor	Tag:	St	State:	
Trailer Tag:	State	<b>:</b>				
Overall WidthFT	IN.	Overall Height	FTI	Overall N. Length	FT	IN.
1)2)	)	3)	4)	5)	6)	
7)8)	)	9)	10)	11)	12)	
13)	TOTAL GROSS WEIGHT # OF AXLES					
	тот	AL GROSS WEIGH	IT AND NUMBER OF A	XLES ARE REQUIRED.		
Use Full Address, Junctio	on of roads, Bo	rder Crossing, N	Military Base with G	ate Number, or Ocean	Port for origin and	destination
Origin:						
Destination:						
Requested Route:						