

Georgia Department of Public Safety Oversize Permit Unit

NJUNS #:



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

FOR FASTER SERVICE LOGIN TO:
WWW.GAPROSPERMITS.COM

BECAUSE OF NEW SECURITY REQUIREMENTS,
DO NOT INCLUDE CREDIT CARD INFORMATION

HOUSE MOVE PERMIT APPLICATION

(NOTE: CREDIT CARD USE IS ACCEPTED BY THE OVERSIZE PERMIT UNIT AND IS OFFERED AS AN OPTION OF CONVENIENCE FOR OUR CUSTOMERS. THE CHARGE FOR THIS SERVICE IS \$7.00 **DO NOT E-MAIL OR FAX ANY CREDIT CARD INFORMATION**)

PLEASE NOTE: SOME MOVES MAY REQUIRE A TRAFFIC CONTROL PLAN IF SO, THE COMPANY WILL BE NOTIFIED.

US DOT # _____ **Company Name** _____ **Date & Time Application Faxed** _____

Escrow # _____ **Expiration** _____

Company Phone # _____ **Contact Person:** _____ **Contact Phone #** _____

Insurance Carrier: _____ **Policy #:** _____ **Expiration** _____

Sent to Fax # _____ **or E-Mial to:** _____

DO NOT INCLUDE CREDIT CARD INFORMATION WE WILL CONTACT YOU FOR PAYMENT

LOAD DESCRIPTION: HOUSE

Tractor Make: _____ **Tractor Tag:** _____ **State:** _____

Trailer Tag or VIN #: _____ **State:** _____

Overall Width _____ **FT.** _____ **IN.** **Overall Height** _____ **FT.** _____ **IN.** **Overall Length** _____ **FT.** _____ **IN.**

Total Gross Weight _____

Beginning Address Including City: _____ **Ending Address Including City:** _____

Requested Route:

Begin Date: _____ **Begin Time:** _____ **End Date:** _____

Safety Equipment to Carry: _____
Remarks: _____