

**GEORGIA DEPARTMENT OF TRANSPORTATION
OVERSIZE PERMIT UNIT**

**IF YOU HAVE ANY QUESTIONS, PLEASE CALL
1-888-262-8306 FOR CUSTOMER SERVICE**

**MAILING ADDRESS:
Georgia Department of Transportation
Oversize Permit Unit
959 United Ave SE
Atlanta, GA 30316**



**FAX COMPLETED APPLICATION TO:
404-738-1081
GAPERMITS@PROMILES.COM
BECAUSE OF NEW SECURITY
REQUIREMENTS, DO NOT E-MAIL OR
FAX COMPLETED APPLICATIONS
WITH CC INFO**

MULTI-TRIP PERMIT APPLICATION

IF ORDERING FOR AN INDIVIDUAL, YOU MUST PROVIDE INSURANCE INFORMATION & COMPLETE DRIVER'S LICENSE INFORMATION.

US DOT# _____ COMPANY NAME: _____ BEGIN DATE: _____
ESCROW ID# _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
COMPANY PHONE #: _____ CONTACT PERSON: _____ CONTACT PHONE #: _____
INSURANCE CARRIER: _____ POLICY #: _____ EXPIRATION: _____
SEND TO FAX #: _____ or E-MAIL TO: _____

LOAD DESCRIPTION: _____
IF APPLICABLE, PLEASE PROVIDE:
SERIAL # OR CONTAINER # _____ MOBILE HOME MAKE: _____
TRACTOR MAKE: _____ TRACTOR TAG: _____ STATE: _____
TRAILER TAG: _____ STATE: _____
Overall
WIDTH _____ FT. _____ IN. **Overall**
HEIGHT _____ FT. _____ IN. **Overall**
LENGTH _____ FT. _____ IN.
TOTAL GROSS WEIGHT _____ # OF AXLES _____
TOTAL GROSS WEIGHT AND NUMBER OF AXLES ARE REQUIRED.

CITY OF ORIGIN _____ CITY OF DESTINATION _____
OR BORDERING STATE LINE _____ OR BORDERING STATE LINE _____
REQUESTED ROUTE: _____

BEGINNING POINT (INTERSECTION OR ADDRESS): _____
ENDING POINT (INTERSECTION OR ADDRESS): _____

(NOTE: CREDIT CARD USE IS ACCEPTED BY THE OVERSIZE PERMIT UNIT AND IS OFFERED AS AN OPTION OF
CONVENIENCE FOR OUR CUSTOMERS. CHARGES FOR THIS SERVICE IS \$7.00)