

Georgia Department of Public Safety Oversize Permit Unit

NJUNS #:



E-Mail Completed Application to
GAPERMITS@PROMILES.COM
PEWIREROOM@GPS.NET
OR
FAX APPLICATION TO:
575-353-7732

HOUSE MOVE TRAFFIC CONTROL FORM

Estimated Date and Time of Travel _____

Law Enforcement Providing Escort (s):

Contact Person:

Phone:

Entire Route: YES NO

Alternate Primary Movers Truck Provided: YES NO Tag Number: _____

Driver's Name: _____ Cell Phone Number: _____

List all intersections for the entire route:

- 1.) _____
- 2.) _____
- 3.) _____
- 4.) _____
- 5.) _____

(To List additional intersections and their estimated time, please use additional sheets.)

Company Official Completing Form: _____
(Please Print)

Telephone Number: _____