

**STATE OF NEW MEXICO
MOTOR TRANSPORTATION DIVISION
APPLICATION FOR EXCESSIVE SIZE AND WEIGHT SINGLE TRIP**

FAX NUMBER OR EMAIL			DATE		
FILL OUT FORM CORRECTLY AND COMPLETELY OR APPLICATION WILL BE REJECTED					
COMPANY NAME			DOT #		
ADDRESS			FEIN #		
CITY	STATE	ZIP CODE			
CONTACT NAME			PHONE NUMBER		
DESCRIPTION OF LOAD					
ORIGIN: CITY OR STATE			DATE OF MOVEMENT		
DESTINATION: CITY OR STATE					
ROUTE REQUESTED:					
TOWING UNIT:					
YEAR	MAKE	LICENSE	STATE	VIN (LAST 4)	
OVERALL DIMENSIONS:					
GROSS WEIGHT	WIDTH	LENGTH	HEIGHT	FRONT OVERHANG	REAR OVERHANG
AXLE INFORMATION					
GROUP	WEIGHT	NUMBER OF AXLES		SPACING	
1					
2					
3					
4					
5					
6					
7					
TOTALS					
INSTRUCTIONS					
WEIGHT: ENTER THE WEIGHT OF THE AXLE GROUP					
STEERING AXLES: ENTER THE TIRE SIZES IF THE STEERING AXLE WEIGHT EXCEEDS 13000 LBS					
SPACINGS: ENTER THE DISTANCE FROM THE CENTER OF THE FIRST AXLE TO THE CENTER OF THE NEXT AXLE ETC.					
MOBILE HOME INFORMATION					
YEAR	MAKE	SERIAL #	VIN(LAST 4)		
PERMIT FEES					
SINGLE TRIP:	\$ 25.00	SINGLE TRIP LIQUID LOAD:		\$35.00	
CREDIT CARD INFORMATION					
CREDIT CARD NUMBER <input style="width: 50px; height: 20px;" type="text"/>			EXP. DATE <input style="width: 50px; height: 20px;" type="text"/>		
SIGNATURE OF APPLICANT _____					
THERE WILL BE A \$5.00 CONVENIENCE FEE FOR EVERY CREDIT CARD TRANSACTION					
Fax applications to 505.476.2476 505.476.2477 505.476.2478 505.476.2479					