



Your Company Name: _____ Phone: _____ Date: _____ DOT / FID #'s _____

Company Address: _____ Contact: _____ Carrier Trip Id / OTM # _____

HAULING VEHICLES								
	Unit ID	Year	Make	State	License Plate #	Full VIN Number	Length (ft/in)	# of Axles
Tractor:								
Trailer:								
Jeep/Booster:								

LOAD INFORMATION					OVERALL LOADED DIMENSIONS			
Description:			Height (ft/in):	Length (ft/in):		Height (ft/in):	Front Overhang:	
Make:	Serial #		Width (ft/in):	Weight (lbs):		Width (ft/in):	Rear Overhang:	
Model #:	Loaded:	side-by-side end-to-end stacked	No. of Pieces:	Move:	hauled self-propelled towed	Length (ft/in):	Gross Vehicle Weight:	

Axle Weights:	1	2	3	4	5	6	7	ORIGIN		DESTINATION	
									Co. Name:		
								Address:			
								City, State:			
								Zip:			

ROUTING INFORMATION						
State:	Start Date:	License Weight:	Route:		Fax / E-mail to:	State Fee