

TRANSPORT PERMIT APPLICATION

COLORADO DEPARTMENT OF TRANSPORTATION
 4201 East Arkansas, Suite 290
 Denver, CO 80222

Fax to: 303-757-9719

Phone 1-800-350-3765 or 303-757-9539

Applicant Contact Name:*

Applicant Contact Phone:*

SELECT ONE: * SELECT THE PERMIT TYPE THAT IS NEEDED <input type="checkbox"/> Annual: OS Annual \$250 <input type="checkbox"/> OW Annual \$400 <input type="checkbox"/> OSOW Annual \$400 <input type="checkbox"/> Non-Interstate Quad \$500 <input type="checkbox"/> Non-Interstate Tandem/Triple \$500 <input type="checkbox"/> Non-Interstate Tandem/Triple 6-month \$250	Single Trip: <input type="checkbox"/> OS \$30 <input type="checkbox"/> OW/OSOW \$30 +\$10 per axle <input type="checkbox"/> Non-divisible <input type="checkbox"/> Quad Non-Interstate (OW only) <input type="checkbox"/> OW \$30 + \$20 per axle <input type="checkbox"/> Tandem/Triple Non-Interstate (OW only)	Special: <input type="checkbox"/> OS \$250 <input type="checkbox"/> OW \$250 <input type="checkbox"/> OSOW \$250 Other Permit: ** <input type="checkbox"/> Company Fleet <input type="checkbox"/> Utility Fleet <input type="checkbox"/> LVC \$250 <input type="checkbox"/> LVC Fleet <input type="checkbox"/> OWD
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Annual permit holders: check if Rules booklet and maps needed ** See website for prices - www.cotrip.org select link for Truckers

Requested Start date for permit:*	Payment method:* <input type="checkbox"/> Cash <input type="checkbox"/> Check Escrow Account Name _____ Account # _____ Credit Card <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard Credit Card no.: _____ Expiration date: _____ Name of Cardholder: _____
Delivery method:*	
<input type="checkbox"/> Walk-in <input type="checkbox"/> Mail to address below	
<input type="checkbox"/> Fax Permit To:*	
<input type="checkbox"/> E-mail Permit To:*	

Applicant and/or Company Name (print):*	Telephone:*
Applicant Address (print Street/PO Box, City, State, Zip):*	Person submitting application:*

Shipment consists of:*

Vehicle VIN (last eight (8) characters only):*	Unit #	Annuals only*	Mobile Home Loads Only*
Make of vehicle:*	Model Year:*	Total miles to operate this year	Serial Number:*
CDOT Fleet # (Company, LVC, NIOWD)			Tax Authentication Number:*
CDOT Longer Vehicle Combination # (LVC):			County being moved from:*

Width (in feet & inches):*	Overall Length (in feet & inches):*	Height (actual) (in feet & inches):*	Front Overhang:*	Rear Overhang:*
Gross Weight (in pounds):*	No. of Axles:*	Trailer Length (in feet & inches):*	Distance first to last axle (self propelled units - in feet & inches):*	

Required for OW vehicles/loads (record the axle spacing between axle numbers):*

lbs.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Ft'-in"	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Axles	1	2	3	4	5	6	7	8	9
lbs.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Ft'-in"	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Axles	10	11	12	13	14	15	16	17	18

Start point in Colorado (required for Single Trip and Special permits):*	End point in Colorado (required for Single Trip and Special permits):*
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Route requested (will be verified by CDOT):*

I declare under penalty of perjury in the second degree, and any other applicable state or federal laws, that the statements made on this document are true and complete to the best of my knowledge. There will not be a refund for Extra-Legal Transport Permits which are issued by the Dept. of Transportation anytime after 24 hours from the issued time printed on the permit. Consideration for refunds within the first 24 hours will be based on, but not limited to, the time the permit has been active, permit start date, origin/destination of trip, and route of travel. Please be advised your rights to refunds for this transaction must be sought first through CDOT prior to contacting your credit card company.

Applicant Signature (Required):* Date:*