



El Paso County Department of Public Works (Transportation) Special Transport Permit Application

A minimum of 5 calendar days notice must be given prior to move. (Office hours: Mon - Thurs 6:00 a.m. - 5:00 p.m.)

Name: (Company if applicable) _____ Oversize/Overweight Annual (Please check applicable box/es)

Shipment consists of: _____

From: _____ To: _____

Proposed route: (Include sketch if necessary): _____

On the following date(s): _____ Time of departure: _____ No. of trips: _____

Make/Type of vehicle: _____ Vehicle VIN Number: _____

Special License: _____ Trailer License Number: _____

Table with 13 columns for weight and axle distribution. Rows: Lbs., Ft./In., Axles (1-13).

Gross weight: _____ No. of Axles: _____ Dist. First to last axle: _____

Ft. overall length: _____ Ft. overhang front: _____ Ft. overhang rear: _____

Ft./In. height: _____ Ft./In. width: _____

Are permits from other agencies required? Yes No

If yes, please check appropriate box: City _____ State _____ County: _____

Applicant's Name: _____ (Please print) Phone: _____

Applicant's address: _____ (Please print) Cell: _____

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.

Signature/Authorized representative: _____