

APPLICATION FOR:
MANUFACTURED HOME PERMIT

OKLAHOMA DEPARTMENT OF PUBLIC SAFETY
SIZE & WEIGHT PERMIT DIVISION
P.O. BOX 11415, OKLAHOMA CITY, OKLAHOMA 73136
PHONE NO. (405) 425-2206 FAX NO. (405) 424-3890/ (918) 622-5018

PAY METHOD:

ACCT: _____

CASH: _____

CREDIT CARD: _____

OWNER/COMPANY NAME: _____

MAILING ADDRESS: _____

CITY

STATE

ZIP

OWNER'S NAME: _____

CONTACT PERSON: _____ PHONE NO: _____ FAX NO: _____

☐ NEW

LOAD DESCRIPTION: _____ ☐ USED SERIAL NO: _____

MAX. HEIGHT: _____ MAX. WIDTH: _____ LENGTH: _____

OVERALL

TRUCK MAKE, MODEL & YEAR: _____ LICENSE: _____ STATE: _____

TRAILER MODEL & YEAR: _____ LICENSE: _____ STATE: _____

DECAL #: _____

MOVEMENT FROM: _____ MOVEMENT TO: _____

(EXACT LOCATION)

(EXACT LOCATION)

ROUTE: _____

TRIP DATES: _____

I, THE UNDERSIGNED, CERTIFY THAT I AM THE OWNER (OR AUTHORIZED AGENT OF THE OWNER) OF THE ABOVE LISTED VEHICLE AND THAT THE INFORMATION LISTED IS TRUE AND CORRECT AND FURTHER UNDERSTAND THAT THIS PERMIT IS VOID SHOULD ANY OF THE PROVISIONS BE VIOLATED OR THE INFORMATION HEREIN BE ERRONEOUS. I FURTHER AGREE THAT ANY DAMAGE TO THE PUBLIC PROPERTY CAUSED BY THIS LOAD MUST BE REPORTED WITHIN 24 HOURS, AND FURTHER AGREE THAT I, OR THE COMPANY I REPRESENT, ASSUME RESPONSIBILITY FOR SAID DAMAGE. (REFER TO OS47 CHAPTER 14-114).

SIGNATURE: _____