



CENTRAL PERMITS

ANNUAL PERMIT APPLICATION

(These permits may not be transferred to another owner)

MAILING ADDRESS	ASSISTANCE	FEE	\$150.00 (each power unit)	Start Date:	U.S.DOT #
Central Permits	Phone 785-368-6501	Customer	_____	_____	_____
Docking State Office Building	Fax 785-296-6558	Address	_____	_____	_____
915 SW Harrison Room 150		City	_____	State _____	Zip _____
Topeka, Kansas 66612		Phone	_____	Fax _____	
		Email	_____		

PAYMENT OPTIONS					CREDIT CARD INFORMATION					
Method	Cash	Check	Escrow	Escrow #	Credit	VISA	Master Card	AMEX	Discover	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MAXIMUM DIMENSIONS					CREDIT CARD INFORMATION					
Maximum Length	126' 0"	Maximum Weight – 120,000 pounds			Number	_____			Expiration	_____
Maximum Width	16' 6"	See "Annual/Standard Permit Table"			Weight is granted only for <u>non-divisible loads</u> .					
Maximum Height	15' 0"	See "Special Mobile Equipment Table"								

VEHICLE INFORMATION								
VIN (Last 5 digits)	NEW OR RENEWAL	VEHICLE TYPE	UNIT NUMBER	MODEL YEAR	MAKE	RGVW	LICENSE STATE	LICENSE NUMBER
	N <input type="checkbox"/> R <input type="checkbox"/>	T <input type="checkbox"/> TT <input type="checkbox"/> SME <input type="checkbox"/>						
	N <input type="checkbox"/> R <input type="checkbox"/>	T <input type="checkbox"/> TT <input type="checkbox"/> SME <input type="checkbox"/>						
	N <input type="checkbox"/> R <input type="checkbox"/>	T <input type="checkbox"/> TT <input type="checkbox"/> SME <input type="checkbox"/>						
	N <input type="checkbox"/> R <input type="checkbox"/>	T <input type="checkbox"/> TT <input type="checkbox"/> SME <input type="checkbox"/>						
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	N <input type="checkbox"/> R <input type="checkbox"/>	T <input type="checkbox"/> TT <input type="checkbox"/> SME <input type="checkbox"/>						
	N <input type="checkbox"/> R <input type="checkbox"/>	T <input type="checkbox"/> TT <input type="checkbox"/> SME <input type="checkbox"/>						
	N <input type="checkbox"/> R <input type="checkbox"/>	T <input type="checkbox"/> TT <input type="checkbox"/> SME <input type="checkbox"/>						
	N <input type="checkbox"/> R <input type="checkbox"/>	T <input type="checkbox"/> TT <input type="checkbox"/> SME <input type="checkbox"/>						