



El Paso County Public Services Department
Transportation Division
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: \_\_\_\_\_

Lbs. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
Ft./In. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
Axles 1 2 3 4 5 6 7 8 9 10 11 12 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: \_\_\_\_\_ Phone: \_\_\_\_\_
(Please print)

Applicant's address: \_\_\_\_\_ Cell: \_\_\_\_\_
(Please print)

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: \_\_\_\_\_