



El Paso County Public Services Department
Transportation Division
Special Transport Permit Application

A minimum of 48 hours notice must be given prior to move.

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: _____ (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: _____