



# APPLICATION FOR ANNUAL PERMIT



Alabama Department of Transportation  
 Permit Office; Room K-101  
 1409 Coliseum Blvd.  
 Montgomery, Al 36110

Fax Number: (334) 265-4670  
 Toll Free Number: 1(800)499-2782  
 Website Address: [www.dot.state.al.us](http://www.dot.state.al.us)  
 E-mail Address: [alabamapermits@dot.state.al.us](mailto:alabamapermits@dot.state.al.us)

*Application is hereby made for an annual permit to operate or move upon the State's public roads a vehicle or Combination of no more than two vehicles and loads whose weight, width, or height, or combination thereof, Exceeds the maximum limits specified by law.*

Indicate the type of permit and the quantity desired in the appropriate space below. One Hundred Dollars (\$100.00) for each permit request must accompany application. <i>*PLEASE SPECIFY NUMBER OF PERMITS BY PUTTING THE NUMBER ON THE LINE.</i>	
# _____	<b>Combination or Equipment</b> whose weight and/or dimensions exceed the LEGAL DIMENSIONS specified by law: MAXIMUM 12 FEET WIDE; 14 FEET HIGH; 75 OVERALL LENGTH and MAXIMUM WEIGHT of 150, 000 pounds. Weight over 100,000 pounds requires a routing.
# _____	<b>Mobile Homes:</b> MAXIMUM 14 FEET WIDE and 85 OVERALL LENGTH.
# _____	<b>Modular Homes, Sectional Houses, Portable Buildings, Boats, and Vehicles or Combinations of Vehicles:</b> MAXIMUM 12 FEET WIDE; 14 FEET HIGH; 75 OVERALL LENGTH.
# _____	<b>Sealed Ocean-Going Containers:</b> MAXIMUM 8 FEET 6 INCHES WIDE; 13 FEET 6 INCHES HIGH and MAXIMUM WEIGHT OF 100,000 pounds.

Date Permit is to Start: \_\_\_\_\_ FEIN #: \_\_\_\_\_ DOT #: \_\_\_\_\_  
 Name of Individual, Company or Corporation: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Full VIN/Serial Number: \_\_\_\_\_

***This is to certify that I have either read the rules and regulations of the ALABAMA DEPARTMENT OF TRANSPORTATION pertaining to permits for vehicles or loads whose dimensions or weight exceeds the maximum limit specified by law; or I will read the rules before the requested permit is used.***

Cash : \_\_\_\_\_  
 Company Check #: \_\_\_\_\_  
 Cashiers Check #: \_\_\_\_\_  
 Money Order #: \_\_\_\_\_

\_\_\_\_\_  
 Name of Individual, Company or Corporation

Please see page 2 to pay with a Credit Card

\_\_\_\_\_  
 Signature and title of Authorized Agent

**PRINT application and FAX to (334) 265-4670**  
**or**  
**SAVE application and E-MAIL to [alabamapermits@dot.state.al.us](mailto:alabamapermits@dot.state.al.us)**

**Billing Address**

**Address Type**

- Domestic (US and Puerto Rico)     Military (APO/FPO)     International (Including Canada, Mexico)

**Billing First Name\***

**Billing Last Name\***

**Billing Zip Code\***

**Billing Address Line1\***

**Billing Address Line2**

**Billing City\***

**Billing State\***

**E-mail\***

**Confirm E-mail\***

**Phone Number\***

**Payment Information**

**Payment Type**

- Credit Card

**Card Number**

**Expiration Month\***

**Expiration Year\***

**Security Code\***

We've provided this sample credit card to assist you in finding the security code.

**MasterCard, Visa, Discover**



3-digit security code