



PERMIT APPLICATION FOR MOVEMENT OF OVERWEIGHT / OVERSIZED VEHICLES

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6701 South Archer Avenue
Bedford Park, Illinois 60501

** FORM MUST BE COMPLETED IN FULL **



COMPANY / APPLICANT INFORMATION

COMPANY NAME:
COMPANY ADDRESS:
CITY/STATE/ZIP:
COMPANY PHONE #: FAX #: E-MAIL:
APPLICANT NAME: TITLE:

TYPE OF PERMIT AND VEHICLE INFORMATION

TYPE OF PERMIT: OVERWEIGHT OVERSIZE OVERWEIGHT & OVERSIZE
DURATION: SINGLE TRIP ROUND TRIP QUARTERLY ANNUAL
PERMIT CATEGORY: MOVE DATE:
VEHICLE TYPE: SINGLE VEHICLE COMBINATION (TRACTOR & SINGLE TRAILER)
POWER UNIT MAKE/MODEL: YEAR:
LICENSE PLATE #: STATE:
REGISTRATION #: STATE:
VEHICLE IDENTIFICATION NUMBER:
SERIAL NUMBER OF UNIT: OWNER APPLIED NUMBER:
LOAD TO BE MOVED:
VEHICLE DIMENSIONS:
LEGAL LENGTH OR FEET / INCHES TOTAL AXLES:
LEGAL WIDTH OR FEET / INCHES GROSS WEIGHT (lbs):
LEGAL HEIGHT OR FEET / INCHES
MAXIMUM AXLE WEIGHTS: ANY SINGLE AXLE (lbs): TOTAL AXLES:
3 AXLE GROUP (lbs): 4 AXLE GROUP (lbs):
FINAL DESTINATION:
CITY ROADWAYS TO BE USED:

FOR OFFICIAL USE ONLY BELOW

ISSUE DATES:
EXPIRATION DATE:
PAYMENT:
CHECK CREDIT CARD TRANSACTION #

