Georgia Department of Public Safety Oversize Permit Unit

NJUNS #:



Fax Completed Application TO: 404-738-1081
E-MAIL GAPERMITS@PROMILES.COM

FOR FASTER SERVICE LOGIN TO: WWW.GAPROSPERMITS.COM

BECAUSE OF NEW SECURITY REQUIRMENTS, DO NOT INCLUDE CREDIT CARD INFORMATION

HOUSE MOVE TRAFFIC CONTROL FORM

Estimated Date and Time of Travel		
Law Enforcement Providing Escort (s):	Contact Person:	Phone:
		·
Entire Route: YES NO		
Alternate Primary Movers Truck Provided:	YES NO Tag Nu	mber:
Driver's Name:	Cell Phone Number:	
List all intersections for the entire route:		
1.)		
2.)		
3.)		
4.)		
5.)(To List additional intersection	s and their estimated time, p	please use additional sheets.)
Company Official Completing Form: (Plea	aco Drint)	
Telephone Number:	ise riiit)	