Georgia Department of Public Safety Oversize Permit Unit

NJUNS #:

E-Mail Completed Application to GAPERMITS@PROMILES.COM PEWIREROOM@GPS.NET OR

FAX APPLICATION TO: **575-353-7732**

HOUSE MOVE PERMIT APPLICATION

(NOTE: CREDIT CARD USE IS ACCEPTED BY THE OVERSIZE PERMIT UNIT AND IS OFFERED AS AN OPTION OF CONVENIENCE FOR OUR CUSTOMERS. THE CHARGE FOR THIS SERVICE IS \$7.00 DO NOT E-MAIL ANY CREDIT CARD IN-

FORMATION)			
PLEASE NOTE: SOME MOVES	S MAY REQUIRE A TRAFFIC CONTROI	PLAN IF SO, THE COMPANY WILL BE NOTIFIED.	
		te & Time Application Faxed	
US DOT #Comp	any Name	Expiration	
Escrow #or Credit C	ard #	For Credit Card	
Address:			
City:	State:	Zip Code:	
Company Phone #	Contact Person:	Contact Phone #	
Insurance Carrier:	Policy #:	Expiration	
		State: State:	
	Overall		
	leightFTIN.	Overall LengthFTIN.	
Total Gross Weight			
Beginning Address Including City:	Ending Ad	ldress ncluding City:	
Requested Route:			
Begin Date:Beg	;in Time:	End Date:	
Safety Equipment to Carry: Remarks:			