



**Self-Issue Permits – 24 Hours a Day, 7 Days a Week at eSNOOPIPro.com**

Company Name <b>A Trucking Co</b>		Contact Name <b>Jane Doe</b>		USDOT # <b>1234567</b>	
Street Address <b>1234 Main St</b>		City <b>Tumwater</b>		State <b>WA</b>	Zip <b>98501</b>
Email Address <b>Jane.Doe@ATrucking.com</b>		Phone (with Area Code) <b>360-999-5678</b>	Permit Start Date <b>07/01/2025</b>	Permit End Date <b>07/23/2015</b>	

Power Unit License Number <b>A12345</b>	Base State/Province <b>WA</b>	VIN Number (Complete) <b>1XP12345APR042808</b>	Truck/Unit # <b>T1115</b>
Power Unit Year <b>2015</b>	Power Unit Make/Model <b>Freightliner/FT200</b>	Licensed Weight <b>80,000</b>	Gross Weight <b>112,000</b>

<b>DETAILED LOAD DESCRIPTION</b> <b>Hitachi Excavator</b>		<input checked="" type="checkbox"/> Tractor/Trailer (Connected by 5th Wheel) <input type="checkbox"/> Truck/Trailer (Connected by Hitch) <input type="checkbox"/> Single Vehicle
--	--	--

WA Origin <b>Olympia</b>	WA Destination <b>Washington/Oregon Border</b>
-----------------------------	---

Power Unit - # of Axles <b>3</b>	Trailing Unit - # of Axles <b>4</b>	Axle Spacing Report # <b>108000</b>	Previous Permit ID		
Width <b>10</b>	Height <b>14' 6"</b>	Total Overall Length <b>89'</b>	Load Length or Trailer Length (Whichever is longer) <b>70'</b>	Front O/H <b>0</b>	Rear O/H <b>0</b>

**Overweight Only:** Axle spacings are required if no axle spacing report number is provided. Provide axle spacing measured from center of axle to center of axle in feet and inches and number of tires per axle.

Axle Weights: (required)	<b>12k</b>	<b>15k</b>	<b>20k</b>	<b>20k</b>	<b>20k</b>	<b>20k</b>	<b>20k</b>						
Tires per axle:	<b>2</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>4</b>						
Axle Spacing:	<b>15-5</b>	<b>5</b>	<b>5</b>	<b>43-2</b>	<b>5</b>	<b>5</b>							
Tire Size on Steer Axle <b>11R 22.5</b>	Lift Axle? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Which Axle? <b>#2</b>	Tire Size? <b>255</b>	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Dual	Self-Steering? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No								

<b>Desired Route</b> (State Highways with mileposts for single trip oversize/overweight required)					
Highways	Beginning MP	Ending MP	Highways	Beginning MP	Ending MP
<b>101</b>	<b>365</b>	<b>367.41</b>			
<b>5</b>	<b>104.32</b>	<b>7.5</b>			
<b>205</b>	<b>37.16</b>	<b>26.59</b>			

Total County and City Miles

Signature <b>Jane Doe</b>	Printed Name <b>Jane Doe</b>	Date <b>07/01/2025</b>
------------------------------	---------------------------------	---------------------------