# Annual Permit Request Form - Ocean Going Container 

Central Services Division-Overweight \& Overdimensional Permits
Suite 800, James K. Polk Building 505 Deaderick Street
Nashville, Tennessee 37243
(615) 741-3821 TDOT.PermitOffice@tn.gov

## Part 1 - Customer Information

| Company Name: |  |  | FEIN: |  |
| :---: | :---: | :---: | :---: | :---: |
| DBA: |  |  | USDOT: |  |
| Physical Address: | City: |  | State: | Zip: |
| Mailing Address: | City: |  | State: | Zip: |
| Contact Person: | Contact Phone Number: |  |  |  |
| E-mail: | Regular Mail: | FedEx: |  | Pick-Up: |

## Part 2 - Permit Conditions

- 24 hours, 7 days per week continuous movement with normal travel conditions authorized; with exception to county curfew.
- No OS/OW movement of any kind on interstate systems or highways, Monday-Friday 6:00am-9:00am and 3:00pm-6:00pm in Davidson county, Rutherford county, Hamilton county, Knox county, and Shelby county; regardless if carrier is operating on a single trip or annual permit.
- Gross weight cannot exceed 90,000 lbs. or 20,000 lbs. per axle.


## Part 3 - Annual Permit Type

| Previous Permit Number(s) |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Permit Type | Width | Total <br> Length | Height | Gross <br> Weight | Fee | Quantity | Total Fees | Permit <br> Start <br> Date |
| Ocean Going <br> Container | $\mathrm{n} / \mathrm{a}$ | $\mathrm{n} / \mathrm{a}$ | $\mathrm{n} / \mathrm{a}$ | $90,000 \mathrm{lbs}$ | $\$ 750.00$ |  |  |  |

Part 4 - Truck Information (List vehicles to be permitted)

| Reference <br> Number | Year/Make of <br> Truck | VIN | Tag | State | Date to Begin <br> Permit |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |
| 6. |  |  |  |  |  |

## Part 4 - Truck Information (continued)

| Reference <br> Number | Year/Make of <br> Truck | VIN | Tag | State | Date to Begin <br> Permit |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 7. |  |  |  |  |  |
| 8. |  |  |  |  |  |
| 9. |  |  |  |  |  |
| 10. |  |  |  |  |  |
| 11. |  |  |  |  |  |
| 12. |  |  |  |  |  |
| 13. |  |  |  |  |  |
| 14. |  |  |  |  |  |
| 15. |  |  |  |  |  |
| 16. |  |  |  |  |  |
| 17. |  |  |  |  |  |
| 18. |  |  |  |  |  |
| 19. |  |  |  |  |  |
| 20. |  |  |  |  |  |

## Part 5 - Payment Method

| Check Number: | Check Amount: |
| :--- | :--- |
| Credit Card Type: | Name on Card: |
| Card Number: | Expiration Date: |
| ${ }^{*}$ Credit/Debit card transactions have a 4\% service charge. |  |

