



Company Name			DOT #	Contact Person
Street Address			Phone (With Area Code)	Fax (With Area Code)
City	State	Zip Code	E-mail Address	

Type of Permit Requested (Check One):

SR-9 Milepost 97.19 to Milepost 96.85 (Annual Only)

US-97 Milepost 336.48 to Milepost 331.22

Monthly

Annual

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**Start Date:** \_\_\_\_\_

**Vehicle Information**

License Number		Complete VIN Number			Unit #
Truck (# of Axles)	Tractor (# of Axles)	Trailer(s) (# of Axles)	Power Unit Make		Power Unit Year
Licensed State/Province	WA Licensed Weight ( <b>Must be Licensed for WA to Max Legal</b> )			Axle Spacing Report Number	

**Signature / Charge Card Information**

Credit Card Type <input type="radio"/> Visa <input type="radio"/> Mastercard	Bankcard #	Expiration Date
Print Name as it Appears on Credit Card	Signature	Date

**Commercial Vehicle Services**  
**7345 Linderson Way SW**  
**PO Box 47367, Olympia, WA 98504-7367**  
**Phone: 360-704-6340 / Fax: 360-704-6350**  
**Web Site: [www.wsdot.wa.gov/commercialvehicle](http://www.wsdot.wa.gov/commercialvehicle)**

<b>CVS Office Use Only</b>	
Date	
Permit No.	
Permit Fee	