

**MISSISSIPPI DEPARTMENT OF TRANSPORTATION
BLANKET PERMIT APPLICATION**

Name: _____ Date: ___/___/___ Phone# (____) _____

Address: _____ City/St: _____ Zip: _____

Federal DOT# _____ MDOT Charge Account _____ Fax# (____) _____

Credit Card # _____ Expiration Date: _____

Truck make _____ VIN# _____ Tag _____ State _____

Load Description: _____ Gross Weight _____ Width _____

Height _____ Trailer Length _____ Overhang-front _____ Overhang -rear _____ Unit # _____

Axle weight:	Axle spacing:	Axle weight:	Axle spacing:	Axle weight:	Axle spacing:
1. _____	_____	6. _____	_____	11. _____	_____
2. _____	_____	7. _____	_____	12. _____	_____
3. _____	_____	8. _____	_____	13. _____	_____
4. _____	_____	9. _____	_____	14. _____	_____
5. _____	_____	10. _____	_____	15. _____	_____

Designated Highways for 57' Box Van Trailers (please list highways below):

All applying for blanket authority must have insurance on file with the Mississippi Department of Transportation permit office.

Signature _____ Print Name _____

Title _____ Date: _____

Mail to: Mississippi Department of Transportation, Office of Enforcement, Permit Division 412 E Woodrow Wilson Avenue, Jackson, Mississippi 39216 or Fax to (601)359-5928 or (601)359-1602.