

Company Name

Date: _____

Application Form

From: _____

FAX TO: 905-640-5038 – ELITE

Truck

Unit#	YR/Make	Serial #	Plate #	State	# Axles	Length

Trailer

Load: _____ Make: _____ Mod & S/N: _____

Load Dim: Length: _____ Width: _____ Height: _____ Weight: _____

Overall Dim: Length: _____ Width: _____ Height: _____ Weight: _____

Overhang: Front: _____ Rear: _____

	1	2	3	4	5	6	7
Weight:	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /
Spacings:	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /
<i>(ALWAYS needed in Indiana)</i>							
Tire Size(IN")	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /

Origin: _____

Destination: _____

States	Routes	Effective Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Additional Info/Notes: