

# SINGLE STEER PERMANENTLY MOUNTED EQUIPMENT

## PERMIT APPLICATION TRUCK OR TRACTOR SPECIFICATION (ONE SHEET PER UNIT)

Company Name: \_\_\_\_\_ MVID: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

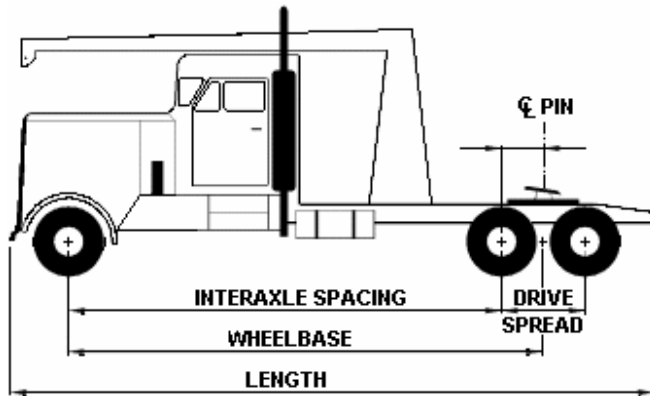
Unit No.: \_\_\_\_\_ Make: \_\_\_\_\_ Year: \_\_\_\_\_ License Number: \_\_\_\_\_

Serial Number: \_\_\_\_\_ Registered Weight: \_\_\_\_\_ kg Fuel Capacity: \_\_\_\_\_

TYPE: Bed \_\_\_\_\_ Picker \_\_\_\_\_ Winch \_\_\_\_\_ kg Other \_\_\_\_\_  
(Choose only one) (Winch Capacity)

Does Truck have a Sleeper?: \_\_\_\_\_ (Y/N) Does Truck have a Planetary Drive Axle?: \_\_\_\_\_ (Y/N)

AT TIME OF WEIGHING;	
Amount of Fuel: _____	Poles Included?: _____
Number of Chains & Boomers: _____	
Does Truck have a 5 <sup>th</sup> Wheel?: _____	Trailer Attached?: _____



Picker to Front

Picker to Rear

Twin Steer Axle Weight: \_\_\_\_\_ kg \_\_\_\_\_ kg

Wheelbase: \_\_\_\_\_ m

Drive Axle Weight: \_\_\_\_\_ kg \_\_\_\_\_ kg

Length: \_\_\_\_\_ m

Tire Size: \_\_\_\_\_

5<sup>th</sup> Wheel Location: \_\_\_\_\_ m

Interaxle Spacing: \_\_\_\_\_ m

Drive Axle Tire Size: \_\_\_\_\_

**WIDTH:**

Drive Axle Spread: \_\_\_\_\_ m

Truck: \_\_\_\_\_ m

Trailer: \_\_\_\_\_ m

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Client Signature

**Note: Government Weigh Ticket Required**