

**SOUTH CAROLINA**  
**OVERSIZE/OVERWEIGHT STRAIGHT TRUCK PERMIT APPLICATION**  
FAX # 803-737-2199 VOICE # 803-737-OSOW (6769)

\*\*USE OF STRAIGHT TRUCK ONLY\*\*

Issue To: \_\_\_\_\_  
SCDOT Escrow Account #: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ USDOT#: \_\_\_\_\_  
Fax #: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Credit Card No: \_\_\_\_\_ Expire Date: \_\_\_\_\_  
(An additional \$5.00 fee will be charged by the credit card authorizer.)

Straight Truck Tag # \_\_\_\_\_ State \_\_\_\_\_

**COMPLETE** Straight Truck VIN \_\_\_\_\_

**Complete Section I or II**

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**Section I :**

\_\_\_\_\_ **Single Trip (\$30.00)**

Load: \_\_\_\_\_ Load Length: \_\_\_\_\_

Bumper to Bumper Length: \_\_\_\_\_ Bed Length \_\_\_\_\_

Overall Width: \_\_\_\_\_ Overall Length: \_\_\_\_\_ Overall Height: \_\_\_\_\_

Overhang on Straight Truck: Front: \_\_\_\_\_ Rear: \_\_\_\_\_

Gross Weight: \_\_\_\_\_ Weight Per Axle 1- \_\_\_\_\_ 2- \_\_\_\_\_ 3- \_\_\_\_\_

Number of Axles: \_\_\_\_\_ Distance between Axles 1&2 \_\_\_\_\_ 2&3 \_\_\_\_\_ 3&4 \_\_\_\_\_

Trip From (city/town in S.C. or state line): \_\_\_\_\_

Beginning Junction or Address (not needed if starting at state line): \_\_\_\_\_

Trip To (city/town in S.C. or state line): \_\_\_\_\_

Ending Junction or Address (not needed if ending at state line): \_\_\_\_\_

Complete Routes within S.C.: \_\_\_\_\_

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**Section II:**

\_\_\_\_\_ **Annual Statewide (\$100.00)**

(May travel all Interstate, US and SC Highways unless gross weight of the vehicle and load exceeds any posted limit).

**\*\*Maximum Width (14ft) Maximum Overall Vehicle Length Bumper to Bumper (40ft) Maximum Front Overhang (Legal)  
Maximum Rear Overhang on 40 ft Straight Truck (5ft) Maximum Rear Overhang on a Straight Truck less than 40ft (Legal)  
Weight (Legal) Height (Legal)**

**NON-DIVISIBLE** Loads to be Hauled \_\_\_\_\_

Bumper to Bumper Length: \_\_\_\_\_ Bed Length \_\_\_\_\_ Number of Axles: \_\_\_\_\_