

Contact: _____ Dept: _____ Carrier Phone # _____
 Carrier: _____ Carrier Fax # _____
 Address: _____ Carrier Email: _____

City: _____ St: _____ Zip: _____
 Is tractor owner the same as the carrier? Yes No

<input type="checkbox"/> Co	<input type="checkbox"/> Inc.	<input type="checkbox"/> Private
<input type="checkbox"/> Individual	<input type="checkbox"/> Other	<input type="checkbox"/> For Hire

FED # - _____ SS # - _____ ICC # - _____ DOT # - _____
 Truck Unit # _____ Year _____ Make _____ Full VIN# _____ License # _____ St _____ # of Axles _____

Empty Weight	Reg Weight	Actual Weight	Drivers Name	<input type="checkbox"/> Truck	<input type="checkbox"/> Tractor	Other
_____	_____	_____	_____	<input type="checkbox"/> Owned	<input type="checkbox"/> Leased	
Pulling Trailer? <input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Diesel	<input type="checkbox"/> Gas	Other
Trlr Unit #	Year	Make	Full VIN#	License #	St	Axles
_____	_____	_____	_____	_____	_____	_____

Load Description _____ Empty Weight _____

Do you have an IFTA Decal? Yes No Do you have UCR Registration? Yes No

State	Eff. Date	Eff Time AM/PM	Permit Type	Other Type	Delivery Fax #	Apportioned For this State?
_____	_____	_____	<input type="checkbox"/> Trip <input type="checkbox"/> Fuel <input type="checkbox"/> Other	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Trip <input type="checkbox"/> Fuel <input type="checkbox"/> Other	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Trip <input type="checkbox"/> Fuel <input type="checkbox"/> Other	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Trip <input type="checkbox"/> Fuel <input type="checkbox"/> Other	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Trip <input type="checkbox"/> Fuel <input type="checkbox"/> Other	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Miscellaneous Information

Need KS clearance? Yes No

Also, fill out information below in order to purchase your permit

Trip City of Origin _____ Destination City _____ Entry Point (county/hwy) _____

Routes to be taken _____

Insurance Carrier _____

Trip Purpose _____

Address, City ST, zip _____

Policy # _____ Exp Date _____

KY KYU # _____

\$ _____ Insured Amount

Fill out the Temporary request and either email or fax to 630/323-3845. You will be called for any further documents and a credit card number to process request