



# Temporary Trip / Fuel Permit Application

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Latest Update: 03/2019

## TRANSPORT COMPANY INFORMATION

Company Name:						PO #:	
Address:							
City:			State/Province:			Zip/Postal Code:	
Phone #:			Fax #:			Email:	
Account:	<input type="checkbox"/> Yes	<input type="checkbox"/> No * If no, a valid credit card will be required prior to ordering permits					

## VEHICLE INFORMATION \*\* SEMI-TRAILER MAY BE REQUIRED IN SOME JURISDICTIONS

Unit #	Year	Make	Complete VIN #	Plate	Based	Axles	GVW

## GENERAL INFORMATION REQUIRED

Load Description:			Load Weight:			Gross Weight:	
Driver's Name:			TR License Expiry:			Based Reg'd Wgt:	
Fuel Type:			Tractor Ownership:			Owner of Load:	
If Tractor Leased, Owner's Name:							

## PERMIT(S) NEEDED

Permit Type		State/Province	Date	Time	Comments/Notes
Trip	Fuel				
Trip	Fuel				
Trip	Fuel				
Trip	Fuel				
Trip	Fuel				
Trip	Fuel				
Trip	Fuel				
Trip	Fuel				
Trip	Fuel				
Trip	Fuel				
Trip	Fuel				
Trip	Fuel				

## ROUTING \* GENERALLY ONLY REQUIRED FOR FUEL PERMITS

Origin:			Destination:	
Route:				
Return Trip Required:	<input type="checkbox"/> Yes	<input type="checkbox"/> NO	If yes, loaded or empty?	

## INSURANCE INFORMATION

Insurance Company Name:				Phone #:	
Policy #:			Expiration Date:		

## ACCOUNT #'S & AUTHORITIES

USDOT:		ICC:		FEIN:	
KYU:		OR File:		TX MCR:	
CVOR:		QC NIR:		QC NEQ:	
NSC:		MVID:		BC CUST:	

## COMMENTS OR ADDITIONAL INFORMATION