This space for issuing office:

APPLICATION NO. _____

Date Stamp

State of Hawaii
DEPARTMENT OF TRANSPORTATION
HIGHWAYS DIVISION

DOT 4-005
(HWY-C 07/02R)

APPLICATION TO OPERATE OR TRANSPORT OVERSIZE AND/OR OVERWEIGHT VEHICLES AND LOADS OVER STATE HIGHWAYS

Date .....

Pursuant to Chapter 291 Section 36, Hawaii Revised Statutes, as amended, the undersigned permittee hereby requests the Director of Transportation to issue a special permit to authorize the operation or movement of a vehicle or combination of vehicles or special mobile equipment of dimensions or weights, including loads or both, which exceed the provisions of Chapter 291 Section 34 and Section 35, Hawaii Revised Statutes, as amended.

ISSUE PERMIT TO:

Name of owner (or lessee) of vehicle .....

Address: ..... Phone: .....

MOVEMENT: o Oversize o Overweight o Oversize and Overweight o Flag Projections o Lights o Wideload Sign

THIS APPLICATION IS FOR: o Single Trip o Continuous Trip o Annual

ROUTE OF TRAVEL:

Origin: ..... Destination: .....

Over Routes: .....

.....

.....

.....

(THIS PERMIT VALID ON STATE HIGHWAYS ONLY-OTHER ROUTES SUBJECT TO CITY & COUNTY REGULATIONS)

o 0830 to 1500 HRS o 1800 to 0500 HRS o 0030 to 0500 HRS o NO MOVEMENT SATURDAY, SUNDAY, & HOLIDAYS

DATE OF MOVEMENT: .....

OBJECT OR LOAD

Owner: ..... NAME ..... ADDRESS

Object or load to be moved: ..... STATE WEIGHT, SIZE, ATTACHMENTS, ETC.

.....

Method of movement: ..... STATE WHETHER MOUNTED ON, TOWED BY, UNDER OWN POWER, ETC.

Check which and supply information

o TRUCK	o SEMI-TRAILER	o DOLLY	o POLICE ESCORT
o TRUCK-TRACTOR	o FULL TRAILER	o JEEP	o PRIVATE ESCORT
o OTHER	o OTHER		

Make: .....

No. of Axles: .....

Gross Wt. (lbs.) .....

Tare Wt. (lbs.) .....

License: .....

Overall Dimensions of Vehicle Including Load

Width _____ ft. _____ in.

Length _____ ft. _____ in.

Height _____ ft. _____ in.

Rear Projection:

Length _____ ft. _____ in.

Height _____ ft. _____ in.

In contact with Pavement	FRONT	AXLE 2	AXLE 3	AXLE 4	AXLE 5	AXLE 6	AXLE 7	AXLE 8	AXLE 9
Gross Wt. (lbs.) Empty									
With Load									
No. of Wheels									
Tire Sizes									
Axle Spacing (ft. & in.)	← →	← →	← →	← →	← →	← →	← →	← →	

The undersigned hereby certifies that the above-described vehicle shall be reduced to the minimum practicable dimension and weight before any movement takes place and that said vehicle shall be moved in compliance with the terms set forth in the Special Permit.

.....
PERMITTEE

By: .....

SPECIAL PERMIT

Permission to operate the above-described oversize and/or overweight vehicle and load over the route on the date and time as stated above on the application is hereby granted; subject, however, to the General Conditions and any Special Provisions stated on the reverse side.

Date: ..... Approved: DIRECTOR OF TRANSPORTATION

Permit No.: ..... By: .....

Permit Fee: $ ....
TITLE

OAHU 831-6712 **KAUAI 274-3111** **MAUI 873-3505** **HAWAII 933-8866**

White copy for issuing office file, canary and pink copies to permittee. Pink copy to be carried on movement.