

SC OVERSIZE/OVERWEIGHT
HOUSEMOVING APPLICATION

FAX # 803-737-2199

TELEPHONE # 803-737-OSOW(6769)

****By submitting this application, the carrier is confirming that all insurance requirements are met and insurance policy is current and valid for general and automobile liability coverage.****

ACCOUNT #: _____ SC HOUSEMOVING LICENSE #: _____

ISSUE TO: _____ USDOT # _____

CONTACT NAME: _____

PHONE #: _____ FAX #: _____

CREDIT CARD NO: _____ EXP. DATE: _____

(An additional \$5.00 fee will be charged by the credit card authorizer)

LOAD: _____

TRACTOR & LICENSE: _____ / _____ STATE _____

BEAM LENGTH: _____ LOAD LENGTH: _____

OVERALL WIDTH: _____ OVERALL LENGTH: _____ OVERALL HEIGHT: _____

OVERHANG – FRONT: _____ REAR: _____

GROSS WEIGHT: _____ AXLES: _____

WEIGHT PER AXLE:

1 - _____ 2- _____ 3 - _____ 4- _____ 5- _____ 6- _____ 7 _____
8- _____ 9- _____ 10- _____ 11- _____ 12- _____ 13- _____

DISTANCE BETWEEN AXLES:

1&2 _____ 2&3 _____ 3&4 _____ 4&5 _____ 5&6 _____ 6&7 _____ 7&8 _____
8&9 _____ 9&10 _____ 10&11 _____ 11&12 _____ 12&13 _____

TRIP FROM: _____ TO: _____

BEGINNING ADDRESS: _____ ENDING ADDRESS: _____

APPROXIMATE DATE OF MOVE: _____

OVER ROUTES (Attach copy of map) _____

Below to be filled out by county RME: **APPLICATION #** _____

Day(s) of the week allowed to travel: _____

Hour(s) during the day or night allowed to travel: _____

Other requirements/restrictions: _____

Recommended: _____ Title _____

County: _____ Date: _____