Maryland State Highway Administration

Application for Special Hauling Permit

Applicant Name:_____ **MAKE ALL CHECKS PAYABLE TO:**
Address:_____ **MD SHA**
_____ Include account number to ensure proper credit. ☺
Account Number_____

1. Load Description_____Model/Serial:_____Registered Weight_____
2. TRACTOR
   Make_____License_____State_____Axles____Weight_____
3. TRAILER
   Make_____License_____State_____Axles____Weight_____
4. Load Weight_____GrossWeight_____
5. Overall Dimensions:
   Length _____ft _____in. **Height** _____ft _____in. **Width** _____ft _____in.
6. ROUTING-Starting Point_____
7. ROUTING:Destination_____
8. ROUTES:_____
   _____
   _____
9. Effective Date_____
10. FAX#_____PHONE#_____
11. Signature_____

You may email us questions and comments at: **haulingpermits@sha.state.md.us**

Mailing Address: Maryland State Highway Administration, Office of Traffic and Safety, Hauling Permits Unit
7491 Connelley Drive, Hanover, Maryland 21076 **Phone#** 1-800-543-4564 or 410-582-5734

Axle #	Vehicle Only lbs.	Load Only Lbs.	Total Weight Lbs.	TIRE DATA			AXLE SPACING		
				TIRE WIDTH		AXLE #			
				#	SIZE		#	FEET	INCHES
1							1 to 2		
2							2 to 3		
3							3 to 4		
4							4 to 5		
5							5 to 6		
6							6 to 7		
7							7 to 8		
8							8 to 9		
9							9 to 10		
10							10 to 11		
11							11 to 12		
12							12 to 13		
13									
Totals									

Maryland State Highway Administration

App#_____ Permit#_____ **FEE $_____**