OS-1

Mail or Deliver To

Ohio Department of Transportation
Special Hauling Permit Section
1980 West Broad Street, Mail Stop 5140
Columbus, OH 43223
Telephone: 614-351-2300
We do not accept faxed applications

Please Type or Print Legibly / All Dimensions Must be in Feet and Inches

Applicant Name - Owner / Lessee / Insured (of Vehicle)			
Address (Mailing)			Application Date
City	State	Zip Code	Area Code/Telephone Number
Person Requesting Permit		DOT Number	

All Weights Legal? ☐ Yes	Various Trailers? ☐ Yes	Conveyance: ☐ Loaded ☐ Towed ☐ Self-Propelled

Vehicle Information

	Make	No. Axles	License Number	State	Length	Empty Weight	Width	Height
Power Unit								
Trailer 1								
Trailer 2								
Trailer 3								

Load Information	Make (if applicable)	Model (if applicable)	Length	Width	Height	Weight
Load						
Load Description						

Overall Vehicle Dimensions

Length	Width	Height	Weight	Front Overhang	Rear Overhang	Deck Height of Trailer	Minimum Underclearance	Max Trailer Width

Total Number of Axles = ____	***COMPLETE ONLY IF OVERWEIGHT (Please use an OS-1W if more than 9 axles)***								
	Axle 1 (Front)	Axle 2	Axle 3	Axle 4	Axle 5	Axle 6	Axle 7	Axle 8	Axle 9
Load (Axle Weights)									
Number of Tires									
Tire Width									
Spacing Between Axles									

ROUTING INFORMATION

FROM (Location, Municipality, State)	**TO (Location, Municipality, State)**

VIA HIGHWAY ROADS

Comments:

Desired Effective Date:	**Permit Transmittal:** ☐ Fax ☐ Mail ☐ Pick-Up Fax Number:

TYPE PERMIT: (check only one) ☐ **REVISION**

SINGLE TRIP:
- ☐ Trip
- ☐ Round Trip

CONTINUING:
- ☐ 90-Day
- ☐ 90-Day & Return (N/A for Steel Coil or MI Legal Weight)
- ☐ 365 Day
- ☐ 365-Day & Return (N/A for Steel Coil or MI Legal Weight)

BLANKET:
- ☐ Boat
- ☐ Construction Equipment
- ☐ Farm Equipment
- ☐ Manufactured Building
- ☐ Marina

Fee $ _____ **Paid By:** ☐ Escrow Account**
☐ Cash ☐ Check / Money Order *
☐ Credit Card** *(Additional Fee Applies)*
Card Type: ☐ Visa ☐ MC ☐ Am Ex ☐ Discover

Card Number: _____
Expiration Date: ____/____ Code: _____ (If applicable)

_____
Card Holder Signature

** Make checks payable to* **: Treasurer of State c/o ODOT**

** ODOT's Columbus Special Hauling Permit Office Only

DOT-1825 Rev. 6/09