



**Washington State
Department of Transportation**

Axle Spacing Report for Overweight Permits

FAX BACK TO WTA
253 838 1699

Refer to this number when
applying for Special Permits
(Assigned by WSDOT) →

Report Number

Name of Owner		Contact Name		
Address		City	State	Zip
Phone (Include Area Code)		Fax (Include Area Code)		

Description of Equipment (This section must be filled out completely.) Unit No.

	# Tires	Size		# Tires	Size		# Tires	Size
Axle 1	<input type="text"/>	<input type="text"/>	Axle 7	<input type="text"/>	<input type="text"/>	Axle 13	<input type="text"/>	<input type="text"/>
Axle 2	<input type="text"/>	<input type="text"/>	Axle 8	<input type="text"/>	<input type="text"/>	Axle 14	<input type="text"/>	<input type="text"/>
Axle 3	<input type="text"/>	<input type="text"/>	Axle 9	<input type="text"/>	<input type="text"/>	Axle 15	<input type="text"/>	<input type="text"/>
Axle 4	<input type="text"/>	<input type="text"/>	Axle 10	<input type="text"/>	<input type="text"/>	Axle 16	<input type="text"/>	<input type="text"/>
Axle 5	<input type="text"/>	<input type="text"/>	Axle 11	<input type="text"/>	<input type="text"/>	Axle 17	<input type="text"/>	<input type="text"/>
Axle 6	<input type="text"/>	<input type="text"/>	Axle 12	<input type="text"/>	<input type="text"/>	Axle 18	<input type="text"/>	<input type="text"/>

Axle Spacings Which axle(s), if any, is a lift axle? _____ Is it self-steering? Yes No

1-2 _____ Ft. _____ In.	6-7 _____ Ft. _____ In.	10-11 _____ Ft. _____ In.	14-15 _____ Ft. _____ In.
2-3 _____ Ft. _____ In.	7-8 _____ Ft. _____ In.	11-12 _____ Ft. _____ In.	15-16 _____ Ft. _____ In.
3-4 _____ Ft. _____ In.	8-9 _____ Ft. _____ In.	12-13 _____ Ft. _____ In.	16-17 _____ Ft. _____ In.
4-5 _____ Ft. _____ In.	9-10 _____ Ft. _____ In.	13-14 _____ Ft. _____ In.	17-18 _____ Ft. _____ In.

Note: RCW 46.44.091 requires applications to move any combination of vehicles in excess of 200,000 Lbs. GVW to be submitted in writing 30 days prior to the proposed move.

For WSDOT Use Only

Signed: _____
Analysis Performed By _____ Date _____

CARRY A VALIDATED COPY OF THIS FORM ON THE VEHICLE DESCRIBED