

TRIP AND FUEL ORDER FORM

PERSON ORDERING: _____ PHONE #: _____

REG OWNER IF DIFFERENT THAN CO NAME: _____ BILL TO NAME: _____
if different

COMPANY NAME: _____

ADDRESS: _____

CITY, NAME, ZIP: _____

FID#: _____ DRIVERS NAME: _____ INSURANCE CO: _____

DOT#: _____ TRIP #: _____ POLICY # _____

LOAD DESCRIPTION: _____ Effective Date: _____

REG GROSS WGT: _____ Expiration Date: _____

ACTUAL GROSS WGT: _____ Odometer Reading: _____

(Oregon Only) File #: _____

VEHICLE INFO

UNIT NO.	YEAR	MAKE	FULL SERIAL NO.	# AXLES	LICENSE NO.	ST	EMPTY WEIGHT
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<u>Tractor</u>							
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<u>Trailer</u>							
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<u>TYPE OF VEHICLE:</u> <small>dump truck, tractor, uop=crane, st. truck,</small>	<u>Total number of axles</u> <u>req'd for AZ only:</u>	<u>TYPE OF FUEL:</u> <small>Gas or Diesel</small>
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ROUTE

ONLY FOR STATES = AZ, ID, IL, KS KCC, MT, ND, NE, NV, OR, SD, WI

<u>State</u>	<u>Start Date / Time</u>	<u>From</u>	<u>To</u>	<u>Via</u> <small>(if starting or ending in a city include address or jc</small>
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SEND PERMITS TO:

TRIP & FUEL APPLICATION
 IF ORDERING O/S, O/W
 PLEASE USE OTHER FORM

Overall Dimension Required for MT & ND

Questions Call
 414-425-2911
 Fax to:
 414-425-7712

_____	_____	_____
<i>Length</i>	<i>Width</i>	<i>Height</i>