

Request to Travel Off Approved Off-Road Routes

Customer Account Number:		Current Annual/Semi-Annual Off-Road Equipment Permit Number:			
Height:	Width:	I	Overall Length:	Gross Vehicle Weight:	
Origin Address:	gin Address:		Destination Address:		
Full Route Requested:					
Company Name:			DATE OF MOVE:		
Submitted By (Name):			Email or Fax Number:		
Contact Phone Number:					

Below is for the Permit Office

Reviewed By:	Date:	Time:			
Route Revisions:					
Disapproved Comments:					

Louisiana Department of Transportation & Development | Truck Permit Office

1201 Capitol Access Road | Baton Rouge, LA 70802 | 225-343-2345 or 800-654-1433 An Equal Opportunity Employer | A Drug-Free Workplace | Agency of Louisiana.gov | **dotd.la.gov**