

# ATS Permits, Inc.

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Turnersville, NJ 08012

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## APPLICATION FOR TRIP/FUEL PERMIT PROCESSING

### Company Information

MOTOR CARRIER'S NAME:	
MOTOR CARRIER'S ADDRESS:	
TELEPHONE NUMBER:	FAX NUMBER:
CONTACT NAME:	
FEDERAL ID#:	US DOT #:

### Permit Information

PERMIT(S) BEING ORDERED FOR WHICH STATE(S):	
TYPE OF PERMIT(S):	IS INSURANCE ON FILE (If applicable)?
REQUESTED START DATE:	START TIME:

*Power Unit (Truck) Information*

UNIT NUMBER (If applicable):	YEAR:
MANUFACTURER (Make):	MODEL:
VIN (SERIAL) # OF POWER UNIT (Truck):	LICENSE PLATE NUMBER:
STATE OF JURISDICTION OF LICENSE PLATE:	REGISTERED WEIGHT:
NUMBER OF AXLES ON POWER UNIT	UNLADEN WEIGHT:
GAS OR DIESEL:	OWNED OR LEASED:
DRIVER'S NAME:	EXPIRATION DATE OF LICENSE PLATE

*Please fax this application to (855) 329-2876  
or email to: [permits@atspermits.com](mailto:permits@atspermits.com) for immediate processing.*