

AMERICAN TRANSPORTATION SERVICES, LLC.

PO Box 8129

Turnersville, NJ 08012

Telephone: (888) 470-4747 Fax: (866) 740-3875

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 (866) 740-3875 for immediate processing.