

**BURLESON COUNTY**  
**ROUTING REQUEST FOR OVERWEIGHT AND OVER-LENGTH VEHICLES**  
**WITH VALID STATE PERMIT**  
**APPLICATION**

NAME OF WELL AND OPERATING COMPANY: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_

VIN #	LICENSE PLATE #	COMPANY	STATE PERMIT #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DESIGNATED ROUTE: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

DATE RECEIVED APPLICATION

DATE RECEIVED CONFIRMATION FROM DMV

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE OF APPLICANT:

ROUTE NUMBER

\_\_\_\_\_

\_\_\_\_\_

DATE ROUTING DESIGNATION ISSUED

SIGNATURE OF COMMISSIONER

\_\_\_\_\_

\_\_\_\_\_