



HARVEST PERMIT APPLICATION

Company Name _____ Date ____/____/____

Address _____ City _____ State _____ Zip _____

Telephone # _____ Email Address _____

Products Hauled _____

Vehicle Make _____ Year _____ Tag# _____ Exp. Date ____/____/____

Last 5 numbers of VIN _____ Total Permits Requested This Order _____

PLEASE CHECK ONE Renewal New

The Cost is \$25.00 Per Truck

(PAYMENT METHODS)

Credit Card Type **Visa** **MasterCard** **Discover** **American Express**

Name on Card _____

Credit Card Mailing Address _____

Credit Card # _____ Exp. Date _____

Credit Card Holder Contact # _____

Return Fax # (_____) _____

Applicants Signature _____ **Date** _____

For check or money orders, attach to application and mail to:

MDOT Permit Division (66-05)
412 E Woodrow Wilson Ave
Jackson, Mississippi 39216

Contact Numbers: **Toll Free:** 888-737-0061 **Local** 601-359-1717 **Fax Number:** 601-359-1664

FOR OFFICE USE ONLY

Harvest Decal Number Issued: _____ Auth. Code: _____ Mail ___ Fax ___ Walk-In ___