

MISSOURI DEPARTMENT OF TRANSPORTATION MOTOR CARRIER SERVICES 830 MoDOT DR., P.O. BOX 270 JEFFERSON CITY, MO 65102-0270 PHONE: (800) 877-8499 FAX: (573) 751-7408 WEB ADDRESS: www.modot.org/mcs

## Permit Revision Request Form

Complete and fax to 573-751-7408

Please complet	te all applicable fields before	e sending to MoDOT Motor Carrier Services.
Permits	s may be revised up to 2 day	rs after start date. There is a \$2.00 fee.
USDOT#	Customer Account Number	Permit Type
		🗌 Single Trip 🛛 Annual Blanket
Company Name		Contact Name and Telephone Number
Permit Number or Application Number		Original Power Unit License Number
Date Permit Issued	Date Permit is to Start	Payment Method *
		Escrow Account  Visa  MasterCard Discover  American Express
Information as Printed on Original Permit		Requested Revisions
TRUCK LIC #, YEAR,	MAKE & VIN #:	
TRAILER LIC #, YEA	R, MAKE & VIN #:	
LOAD WIDTH:		
LOAD HEIGHT:		
LOAD LENGTH:		
OVERALL WIDTH:		
OVERALL LENGTH:		
OVERALL HEIGHT:		
LOAD DESCRIPTION:		
LOAD MAKE:		
LOAD SERIAL #:		
OVERHANG FRONT & REAR:		
TRAILER/LOAD LENGTH:		
WEIGHTS & SPACINGS:		
ROUTE:		
** Check he	re if you want the vehicle inf	ormation permanently changed

\*Please do not provide your credit card number. A Motor Carrier Services representative will contact you, or you may access the payment portal on-line at <u>https://mcs.modot.mo.gov/mce/login.htm</u>.

Revised permit will be sent to the original location if no alternate location is requested.