

Application for A Pass for Motor Vehicles to Travel on Highway

Serial No.:

To _____ Office of Motor Vehicles

Kind of Motor		Engine No.		Type	_____ Axle(s) with tires
Owner		Address			
Name of Driver/ Operator		License No.		Address	
Route	From		To		
Specification	Length		m	Height	m
	Width		m	Weight	ton
Reason of Traveling					
Date of Traveling	From		To		
Applicant: (Seal) Address: Date:					