

EQUIPMENT WEIGHT AND AXLE SPACING REPORT  
 King County Engineering Services Section  
 201 S Jackson St, Mailstop KSC-TR-0317  
 Seattle, WA 98104-3856  
 permits.roads@kingcounty.gov 206-477-6531

NAME OF OWNER _____			<b>REPORT NUMBER</b>
ADDRESS _____		CITY _____	STATE _____ ZIP _____
PHONE NUMBER _____	FAX NUMBER _____		ASSIGNED BY KCDOT _____

**DESCRIPTION OF EQUIPMENT**

**NUMBER OF TIRES AND TIRE SIZE ON EACH AXLE:**

AXLE 1 _____	AXLE 5 _____	AXLE 9 _____
AXLE 2 _____	AXLE 6 _____	AXLE 10 _____
AXLE 3 _____	AXLE 7 _____	AXLE 11 _____
AXLE 4 _____	AXLE 8 _____	AXLE 12 _____

**AXLE SPACINGS:**

1-2 _____ FT. _____ IN.	5-6 _____ FT. _____ IN.	9-10 _____ FT. _____ IN.
2-3 _____ FT. _____ IN.	6-7 _____ FT. _____ IN.	10-11 _____ FT. _____ IN.
3-4 _____ FT. _____ IN.	7-8 _____ FT. _____ IN.	11-12 _____ FT. _____ IN.
4-5 _____ FT. _____ IN.	8-9 _____ FT. _____ IN.	

**AXLE WEIGHTS:**

1 _____ LBS.	5 _____ LBS.	9 _____ LBS.
2 _____ LBS.	6 _____ LBS.	10 _____ LBS.
3 _____ LBS.	7 _____ LBS.	11 _____ LBS.
4 _____ LBS.	8 _____ LBS.	12 _____ LBS.
GROSS WEIGHT _____ LBS.		
LICENSED WEIGHT _____ LBS.		

**SKETCH VEHICLE AXLES AND LOADS:**

EXAMPLE:

**SIGNED** \_\_\_\_\_ **DATE** \_\_\_\_\_

OWNER/AGENT THEREOF  
 (PERMIT WILL NOT BE PROCESSED WITHOUT SIGNATURE)

CARRY A VALIDATED COPY OF THIS FORM ON THE VEHICLE DESCRIBED