

Email application to:  
**dispens.tk@stockholm.se**

## Dispensansökan för maximal tillåtet

according to provisions on maximally permitted:

width  length  gross weight, axis-/bogie pressure

### Ansökan

Name	Organizational/Personal code number	Phone
Address	Contact	E-mail
Postal address	Billing address (if otherwise)	

### Förslaget

Start, city and address	Route
Destination, city and address	
Date and time of transportation	
Other information: <input type="checkbox"/> one-way trip <input type="checkbox"/> includes return <input type="checkbox"/> multiple trips	

### Vehicle

Towing vehicle, type <input type="checkbox"/> truck <input type="checkbox"/> tractor <input type="checkbox"/> other vehicle	Registration
Trailer, type: <input type="checkbox"/> trailer <input type="checkbox"/> semitrailer <input type="checkbox"/> other vehicle	Registration
Vehicle length, no load (cm)	Vehicle width, no load (cm)
Other information about the vehicle	

### Load

Type: <input type="checkbox"/> Divisible <input type="checkbox"/> Not divisible	Type of load		
Length, cm	Width cm	Height cm	Weight, kg

### Transport (vehicle with load)

Length, cm	Width, cm	Height, cm	Gross weight, kg
------------	-----------	------------	------------------

layout the load. If heavy transport, highlight number of axles and specify all distances for axles including all axle pressures. Complementary data including layout on other combinations for vehicle may be specified on a separate sheet.

