



# SPECIAL MOVES REQUEST FORM

## ONLY FOR BUS AND MINIBUS VEHICLES

Please send the following information for a special move permit request at least 48 hours prior to your request.

Please fax your request to 407-825-2604

Cost: \$15 per trip, drop off or pick up.

1. Company Name \_\_\_\_\_  
 Owner Name \_\_\_\_\_
2. Address \_\_\_\_\_  
 \_\_\_\_\_
3. Phone # \_\_\_\_\_
4. Fax \_\_\_\_\_
5. Contact Person \_\_\_\_\_  
 Contact Phone \_\_\_\_\_
6. Date of Pick Up \_\_\_\_\_  
 Date of Drop Off \_\_\_\_\_
7. Time of Pick Up \_\_\_\_\_  
 Time of Drop Off \_\_\_\_\_
8. Description of Vehicle \_\_\_\_\_
9. License Tag Number \_\_\_\_\_
10. Airline & Flight # for Pick Up \_\_\_\_\_
11. Airline & Flight # for Drop Up \_\_\_\_\_
12. Group Name \_\_\_\_\_

Please provide a copy of the vehicle registration and a copy of your liability Insurance certificate.