

## **ANNUAL OVERSIZE/OVERWEIGHT** TRIP PERMIT APPLICATION

Permit Fee \$400

Section A - Is	ssued to	: (Pleas	se print cl	early or ty	/pe)							
□Check □Cash							Requested Start Date:					
Legal Name: (Vehicle owner or Lessee)							Phone Number:		U.S. DOT	U.S. DOT Number:		
Address:							Fax Number: MC Number			er:		
City:			State:		Zip Code:		Carrier Type □For Hire □ Private		lowa Intras	lowa Intrastate Authority Number:		
Email Address:							Contact Name & Phone Number for County to call if questions:					
Section B - L												
Describe Article	(s) Transpo	orted:										
Model Number:							SME Qualified?  \( \textstyle \te					
iviodel Number.							Serial Number.					
Section C - P Power Unit - Both												
Plate:				Vehicle Identification Number (VI			Registered Weight:		Year:	ear: Make:		
Trailer - Plate/Sta	te must be									II.		
Plate: State: Make:							Other (provide details):					
Section D – Dimensions/Weight												
Length	Overall			Trailer			Load Fro		Projection Rear Projection		ar Projection	
Width												
Height												
Gross Weight												
Section E - A	xle Wei	ghts/Sp	acings – f	ront to rear (	required whe	n gr	oss weight excee	eds 80,000 lbs.	)			
Axle Number	1 (fi	ront)	2		3		4	5	6		7	
Gross Axle Weight (lbs.)												
Axle Spacing	II.			<u> </u>		1				l l		
Axle Number		8	9		10		11	12	13		14	
Gross Axle Weight (lbs.)												
Axle Spacing												
Section F - T	rin	•	•		'		•	•	•			
						Go	Going To:					
Route:												
Acceptance of in the applicatio General Provisi	n are true	and cor	rect and I w									
X	Customer or A	uthorized Ag	ent)	Da	te		X	(Authorized Cour	nty Representative)		Date	