



ANNUAL OVERSIZE TRIP PERMIT APPLICATION

Permit Fee \$50

Section A – Issued to: (Please print clearly or type)

<input type="checkbox"/> Check <input type="checkbox"/> Cash			Requested Start Date:	
Legal Name: (Vehicle owner or Lessee)			Phone Number:	U.S. DOT Number:
Address:			Fax Number:	MC Number:
City:	State:	Zip Code:	Carrier Type <input type="checkbox"/> For Hire <input type="checkbox"/> Private	Iowa Intrastate Authority Number:
Email Address:			Contact Name & Phone Number for County to call if questions:	

Section B – Load

Describe Article(s) Transported:		SME Qualified? <input type="checkbox"/> Yes <input type="checkbox"/> No
Model Number:	Serial Number:	

Section C – Power Unit & Trailer Information

Power Unit – Both Plate/State and VIN must be identified

Plate:	State:	Vehicle Identification Number (VIN):	Registered Weight:	Year:	Make:
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Trailer - Plate/State must be identified

Plate:	State:	Make:	Other (provide details):
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Section D – Dimensions/Weight

	Overall	Trailer	Load	Front Projection	Rear Projection
Length					
Width					
Height					
Gross Weight					

Section E – Axle Weights/Spacings – front to rear (required when gross weight exceeds 80,000 lbs.)

Axle Number	1 (front)	2	3	4	5	6	7
Gross Axle Weight (lbs.)							
Axle Spacing							
Axle Number	8	9	10	11	12	13	14
Gross Axle Weight (lbs.)							
Axle Spacing							

Section F – Trip

Coming From:	Going To:
Route:	

Acceptance of Conditions: I certify that the statements contained in the application are true and correct and I will comply with the General Provisions dated 11-2017.

X _____
(Customer or Authorized Agent) Date

X _____
(Authorized County Representative) Date

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