

ROUND TRIP PERMIT APPLICATION

Permit Fee \$70

Section A - I	ssued to	o: (Pleas	se print cle	early or ty	/pe)								
□Check □ Cash							Requested Start Date:						
Legal Name: (Vehicle owner or Lessee)							Phone Numb	U.S. DOT Number:					
Address:							Fax Number:	MC Number:					
City:			State:		Zip Code:		Carrier Type □For Hire □ Private			Iowa Intrastate Authority Number:			
Email Address:					Contact Name & Phone Number for County to call if questions:								
Section B – I													
Describe Article	e(s) Transp	orted:											
Model Number:							SME Qualified? ☐Yes ☐No Serial Number:						
Section C - I						1							
Power Unit – Both Plate/State and VIN Plate: State:			Vehicle Identification Number (VIN			V):	Registered Weight:			Year: Make:			
Trailer - Plate/State must be identified Plate: State:			Make:				Other (provide details):						
Section D - I	Dimensio						1						
Overall		Trailer				Load Fron		Front P	Projection Rear Projection			tion	
Length Width													
Height													
Gross Weight													
Section E - A	Axle Wei	ghts/Sp		ront to rear (n gr		eeds 80					
Axle Number Gross Axle	1 (1	ront)	2		3		4		5	6		7	
Weight (lbs.)													
Axle Spacing													
Axle Number		8	9		10		11		12	13		14	
Gross Axle Weight (lbs.)													
Axle Spacing													
Section F - 1	Ггір												
Coming From:						Go	Going To:						
Route:													
Acceptance o in the application General Provis	on are true	e and cor	rect and I wi										
X(Customer or Authorized Agent) Date							X(Authorized County Representative) Date						