

## SINGLE TRIP PERMIT APPLICATION

Permit Fee \$35

Section A - Is	ssued to	: (Pleas	se print cle	arly 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	MC Number:			
City:			State:			Carrier Type □For Hire □ Private			lowa Intrastate Authority Number:				
Email Address:						Contact Name & Phone Number for County to call if questions:							
Section B – L  Describe Article		orted:											
										SME	Qualifi	ed? □Yes	s 🗆 No
Model Number:						rial Number:							
Section C - F Power Unit - Botl													
Plate: State:			Vehicle Identification Number (VIN				Registered Weight:			Year:	/ear: Make:		
Trailer - Plate/State must be identified Plate: State:			Make:				Other (provide details):						
Section D - D	imensio					1					ı		
Overall Length				Trailer			Load Fron		Projection Rear Projection		ion		
Width													
Height													
Gross Weight													
Section E – A	yle Wei	ahts/Sn	acings – fr	ont to rear i	required who	en ar	oss weight exc	eeds 8	0 000 lbs	<u> </u>			
Axle Number		ront)	2	On to rear (	3	I	4	l l	5	6		7	
Gross Axle													
Weight (lbs.)		1					T		-			1	
Axle Spacing		•			40		11		40	12		11	
Axle Number Gross Axle		8	9		10		11		12	13		14	
Weight (lbs.)												_	
Axle Spacing													
Section F – T	rip												
Coming From:						Go	Going To:						
Route:						I							
Acceptance of in the application General Provision	n are true	and cor	rect and I wi				Y						
^	Customer or A	Authorized Ad	ient)	Da	nte		X	(Aut	horized Cour	nty Representative)		Date	