

## **ANNUAL OVERSIZE TRIP PERMIT APPLICATION**

Permit Fee \$50

Section A - Is	ssued to: (Plea	se print cle	early or ty	/pe)								
□Check □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 ☐For Hire ☐ Private		Iowa Intrastate Authority Number:					
Email Address:						Contact Name & Phone Number for County to call if questions:					uestions:	
Section B - L												
Describe Article	(s) Transported:											
Madal Niveria					I c.	wiel November			SME	Qualified	l? □Yes □No	
Model Number:						Serial Number:						
	Power Unit & Tr											
Plate:	State:	Vehicle Identification Number (VIN				Registered Weight:			Year: Make:			
Trailer - Plate/Sta	ite must be identified	<u> </u>										
Plate: State: Make:						Other (provide details):						
Section D - D	imensions/We	_			1					,		
Length	Overa	ll .	Tra	ailer		Load	F	ront P	rojection	Rea	ar Projection	
Width												
Height												
Gross Weight												
	xle Weights/Sp		ront to rear		en gi			lbs.)	1 0		7	
Axle Number Gross Axle	1 (front)	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											<u> </u>	
Section F - T	rip					oing To:						
Coming From:					G	oing ro.						
Route:												
in the applicatio	Conditions: I ce on are true and co ons dated 11-201	rrect and I w										
×	Customer or Authorized A	gent)	Da	ate		X	(Authorized	d County	Representative)		Date	