

SINGLE TRIP PERMIT APPLICATION

Permit Fee \$35

PERMIT NO. _____

Section A –	ssued to: (Plea	ase print cl	early or ty	ype)		T						
□Check □ Cash						Requested Start Date:						
Legal Name: (Vehicle owner or Lessee)						Phone Number:			U.S. DOT Number:			
Address:						Fax Number:			MC Number:			
City:	State:	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 -						1						
Describe Article	e(s) Transported:											
Model Number:						SME Qualified? ☐Yes ☐No Serial Number:						
Wodel Number.												
	Power Unit & T th Plate/State and V											
Plate:	State:	Vehicle	Vehicle Identification Number (VIN)			Registered Weight:			/ear: Make:			
	ate must be identifie							\ 		•		
Plate: State: Make:						Other (provide details):						
Section D -	Dimensions/Wo											
Length	Overa	all	Tra	ailer		Load		Front P	rojection	Re	ar Projection	
Width												
Height												
Gross Weight												
Section E - Axle Number	Axle Weights/S	pacings – 1	ront to rear (required whe	en gi	ross weight exc	eeds 80,000 5) lbs.)	6		7	
Gross Axle Weight (lbs.)	i (ii oiit)										<u> </u>	
Axle Spacing					1							
Axle Number	8	9		10		11	12		13		14	
Gross Axle Weight (lbs.)												
Axle Spacing												
Section F - 1	Ггір											
Coming From:						Going To:						
Route:												
in the application	f Conditions: I co on are true and co ions dated 11-20	orrect and I w										
X						X						
^	(Customer or Authorized Agent)					^	(Authorized County Representative)				Date	