

# SINGLE TRIP APPLICATION/PERMIT

To transport a nondivisible load exceeding statutory size and/or weight  
 This form cannot be used for permitting mobile homes/modular building sections.

Mail To:

Make Check Payable To:

Applicant Name - Vehicle Owner or Lessee			Date of Move								
Address			Insurance Company								
City	State	Zip Code	Address								
Area Code/Telephone Number			City	State	Zip Code						
LOAD - Article(s) Transported			Policy Number		Policy Expiration Date						
NOTE: Single trip permits are issued by the Wisconsin Dept. of Transportation at Madison, and by its district offices for movements on the state trunk highway system only; by the County Highway Commissioners for movement on county trunk highways in their respective counties; and by the officer in charge of maintenance for movements on highways and streets in their respective jurisdictions.			Permit Requested For								
			<input type="checkbox"/> Overlength <input type="checkbox"/> Overwidth <input type="checkbox"/> Overheight <input type="checkbox"/> Overweight								
Towing Vehicle <input type="checkbox"/> Truck <input type="checkbox"/> Truck-tractor <input type="checkbox"/> Other _____  Make _____ No. axles _____ License or Vehicle Identification No. _____ State _____			Size	Length		Width		Height		Weight	
				Feet	Inches	Feet	Inches	Feet	Inches	Pounds	
			Load								
			Towing Vehicle								
			Towed Vehicle								
			Overall								

Towed Vehicle - Check ALL that apply:

	Semi-trailer	Full trailer	Dollies	Other (Identify)	Make	No. of axles	License or Vehicle Identification No.	State
1								
2								
3								

Weight - Axle Spacing - Tires - by axle, front to rear

Axle Number	1 (front)	2	3	4	5	6	7	8	9
Number of Pneumatic Tires									
Requested Gross Axle Weight When Loaded (lbs.)									
Spacing Between Axles									
Axle Number	10	11	12	13	14	15	16	17	18
Number of Pneumatic Tires									
Requested Gross Axle Weight When Loaded (lbs.)									
Spacing Between Axles									

Route Loaded Trip	From	To	Via Highways/Streets
	Via Highways/Streets - continued		
Complete If Return Route Is Requested	From	To	Via Highways/Streets
	Via Highways/Streets - continued		

Acceptance of Conditions: I, the applicant, certify that the statements contained in the application are true and correct, and that if granted a permit, I will comply with all terms and conditions which apply.

X \_\_\_\_\_

(Applicant or Authorized Agent)

(Date)

Permit Number	Fee Paid	Unit of Government	
Permit Effective Date	Permit Expiration Date	Name	Position
			Date