



**Oversize/Overweight Load Permit Application**

No. \_\_\_\_\_

**Permit Type/Fees**

<input type="checkbox"/> Single Trip (\$35)	<input type="checkbox"/> Annual Oversize/Overweight (\$400)	<input type="checkbox"/> Home Move Weight Increase <sup>1</sup> \$
<input type="checkbox"/> Round Trip (\$70)	<input type="checkbox"/> Alternative Energy Multi-trip (\$600)	Increase Tons: _____ Miles: _____
<input type="checkbox"/> Annual Oversize (\$50)	<input type="checkbox"/> Route Approval (no charge)	<sup>1</sup> Fee: \$35 + \$.05 x A x B
<input type="checkbox"/> Multi Trip (\$200)	Annual or All Systems Permit No. _____	A=Weight over registered weight (TN) B=distance to be traveled under permit (miles)

**Section A – Issued to:**

Legal Name – Vehicle Owner or Lessee:	Requested Start Date:	
Address:	Phone Number:	U.S. DOT Number:
City: State ZIP Code	FAX Number:	MC Number:
Email Address:	Carrier Type: <input type="checkbox"/> For Hire <input type="checkbox"/> Private	Iowa Intrastate Authority Number:
Permit Delivery: <input type="checkbox"/> FAX <input type="checkbox"/> Email <input type="checkbox"/> Mail	Contact Name for questions / Area Code – Telephone No.	

**Section B – Load** (not required for Annual Oversize or Multi Trip Permit)

Describe Article(s) Transported:	Model Number
	Serial Number
SME Qualified? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Section C – Power Unit & Trailer Information**

Power Unit – Both Plate/State and VIN must be identified

Plate:	State:	Vehicle Identification Number (VIN):	Registered Weight:	Year:	Make:
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Trailer – Plate/State must be identified (not required for Annual Oversize, Multi Trip, or Annual Oversize/Overweight Permit)

Plate:	State:	Make:	Other (provide details):
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**Section D – Dimensions Weight**

	Overall	Trailer	Load	Front Projection	Rear Projection
Length					
Width					
Height					
Gross Weight					

**Section E – Axle Weights/Spacing** (Required for cranes and when gross weight is greater than 80,000 lbs.)

Axle Number	1 (front)	2	3	4	5	6	7
Gross Axle Weight (lbs)							
Axle Spacing							
Axle Number	8	9	10	11	12	13	14
Gross Axle Weight (lbs)							
Axle Spacing							

**Section F – Trip** (not required for Annual Oversize or Annual Oversize/Overweight Permit meeting Iowa code requirements)

Coming From:	Going to:
Route:	

**Special Requirements (office use):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Acceptance of Conditions:** I certify that the statements contained in the application are true and correct and I will comply with the General Provisions dated 07-2013.

**X** \_\_\_\_\_  
(Customer or Authorized Agent) Date

**Approval by Jurisdiction:** Approved as modified and noted.

**X** \_\_\_\_\_  
Winnebago County Engineer's Office Date

Valid Dates: \_\_\_\_\_