



**Single Trip
Excessive Size, Weight,
Load Permit Application
(No Fee)**

Office Use Only
Permit No. _____
Effective Date _____
Expiration Date _____

Section A - Customer

Please print clearly

Legal Name - Vehicle Owner or Lessee			Doing Business As (D/B/A)	
Mailing Address			Motor Carrier Operating Authority No.	U.S. DOT Number
City	State	ZIP Code	Contact Name for DOT to call if questions / Area Code - Telephone No.	
Email Address			Request Date/Time of Move	

Section B - Load Article(s) Transported

Section D - Size

	Length		Width		Height		Weight
	Feet	In.	Feet	In.	Feet	In.	Pound
Load							
Power Unit							
Towed Vehicle							

Section E - Insurance

The customer has the insurance coverage indicated in full force and effect, dimensions exceed: 8 1/2 ft. wide, 12 1/2" high, 75 ft. long, 80,000 pounds.

Insurance Level Required:

Bodily Injury Liability each person	\$150,000
Bodily Injury Liability each accident	\$450,000
Property Damage Liability each accident	\$300,000
OR Combined Single Limit	\$750,000

Section F - Axle Weight/Spacing - Tires - by axle, front to rear (attach additional pages if necessary)

Section G - Trip

Original Trip	From City, Village, Township (Use Street address)	To City, Village Township (Use Street address)	Via Highways
	Via Highways - continued		

Acceptance of Conditions: I, the customer or authorized agent, certify that the statements contained in the application are true and correct. I understand that any permit is granted subject to any special conditions stated on the permit or route instructions, Chapter 348 of the Wisconsin Statutes, and all applicable sections of the Wisconsin Administrative Code. If granted a permit, I will comply with all terms and conditions.

X

(Customer or Authorized Agent)

(Date)