

Single Trip - Overweight/Oversize Permit Application

Do not use this form for mobile homes/Modular building Sections

Section A - Customer Please Print Clearly Or Type

1. Permit Customer No. - if available PC -	Desired Effective Date	Multiple Trip Permit NO. to Suspend - if applicable
2. Legal Name - Vehicle Owner or Lessee		Doing Business As (D/B/A)
Mailing Address		Federal Employer Identification No. U.S. DOT Number
City	State	Zip Code
Contact Name for DOT to call if questions/Area Code - Telephone No.		

Section B - Insurance - The Customer has sufficient insurance coverage in full force and effect. Check Group A or Group B <input type="checkbox"/> Group A - Combined Single Limit \$750,000 <input type="checkbox"/> Group B - Combined Single Limit - \$1,000,000	Section C - load (Describe Article (s) Transported) Required: Is your load radioactive? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Section D - Vehicles

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

Plate	State	Vehicle Identification Number (VIN)	<input type="checkbox"/> Truck-Tractor <input type="checkbox"/> Truck <input type="checkbox"/> Other	Year	Make	Axles	Unit
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Towed Vehicles - Either Plate/State or Vin Must be Identified

Plate	State	Vehicle Identification Number (VIN)	Semi-Trailer	Full Trailer	Dollies	Other	Year	Make	Axles	Unit

Section E - Size

	Power Unit	Towed Vehicle	Load	Front Overhang	Overall
Length	___ FT ___ IN	___ FT ___ IN			
Width			___ FT ___ IN		
Height					___ FT ___ IN

Are Gross Vehicle Weight and Axle Weight both legal? Yes - Skip Section F
 No - Complete Section F - Give Overall Weight:

Section F - Axle Weight/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 (___ FT ___ IN)									
Axle Number	10	11	12	13	14	15	16	17	18
Number of Pneumatic Tires									
When Loaded (lbs)									
Spacing Between Axles (___ FT ___ IN)									

Section G - Trip: Single trip permits issued by the WIDOT authorize movement on interstate and state trunk highways ONLY.

Original Trip	From City, Village, Township	To City, Village, Township	Via Highways
	Via Highways - Continued		
Return Trip	Are the retrun dimensions and route the sameas the "Orignal Trip"?		
	___ Yes		
	___ No, On a second application, Complete sections A 1, A 2, B, E, F, and G		

Acceptance of Conditons:

I certify that the statements contained in the application are true and correct and I will comply with all terms and conditions.

Payment: Fee: \$100.00 Check Payable to: Shawano County Treasurer
 Mail Shawano County Highway Department
 to: 3035 E Richmond St
 Shawano, WI 54166

X _____
 (Customer or Authorized Agent) (Date) (Highway Commissioner) (Date)

Please Note Applicant must notify Sheriff's Department for a Police ExcorT PRIOR to Transport.