Audubon County Secondary Roads Department

2147 Hwy 71, Audubon, IA 50025 Phone: 712-563-4286

Fax: 712-563-2056

Email: audcoeng@auduboncountyia.gov

SINGLE TRIP PERMIT APPLICATION

Approved by: _____

| | | to: Pleas | 1 | orothing o | type. | | | Permit | Fee - \$35 | | | |
|--|---------------|-----------|-----------|-------------------------------|-------------------|------------|--|---------------------|------------------------|---|--|--|
| Check/Cash | | | | | | Reque | Requested Start Date | | | | | |
| Legal Name - Vehicle Owner or Lessee | | | | | | Phone | Phone Number | | | U.S. DOT Number | | |
| Address | | | | | | FAX N | FAX Number | | | MC Number | | |
| City State ZIP Code | | | | | | | Carrier Type | | | lowa Intrastate Authority Number | | |
| Email Address | | | | | | | Contact Name | | | , / Area Code - Telephone No. | | |
| , | | | | | | | | • | | | | |
| Section B - Load - Describe Article(s) Transported | | | | | | | | | Model Nur | mber | | |
| | | | | | | | SME Qualified? Yes No | | | Serial Number | | |
| Section C - Power Unit - | | | | | | | | | | | | |
| Plate | State Vehicle | | | e Identification Number (VIN) | | | Registered Weight | | Year | Make | | |
| Trailer - Plat | e/State r | nust be i | dentified | | | | | | l | | | |
| Plate State | | | | 1 | Make | | Other (provide details) | | | | | |
| Section D - | Dimens | ions/We | ight | | | | | | | | | |
| Length | Overall | | | Trailer | | Lc | Load Front Proje | | ection Rear Projection | | | |
| Width | | | | | | | | | | | | |
| Height | | | | - | | | | | | | | |
| Gross Weight | | | | | | | | + | | *************************************** | | |
| Section E - | Axle We | ights/Sp | pacings | - front to | rear (required wh | en gróss v | veight exce | eds 80,000 lbs.) | <u>_</u> | | | |
| Axle Number Gross Axle Weight (lbs) | | | 2 | | 3 | | 4 5 | | 6 | 7 | | |
| Axle Spacing | | | - | | | | | I | | | | |
| Axle Number Gross Axle Weight (lbs) | e | | | 9 10 | | 1 | 1 | 12 | 13 | 14 | | |
| Axle Spacing | | | | | | | | | | | | |
| Section F - | frip | | | | - (2-0amodu) | | | | | | | |
| Coming From | | | | | | Going | Going To | | | | | |
| Route | | | | | | | | | | | | |
| Section G - | Permit c | delivery | (check | one) | | | | | | | | |
| Name | | | | | į. | | | | | | | |
| Mailing Address | | | | | | in the | Acceptance of Conditions: I certify that the statements contained in the application are true and correct and I will comply with the | | | | | |
| ☐ FAX ☐ Email | | | | | | | General Provisions dated 06-2008. | | | | | |
| | | | 1 | | | | (Custome | er or Authorized Aç | gent) | Date | | |

Permit No.