



Audubon County

Secondary Roads Department

2147 Hwy 71, Audubon, IA 50025
 Phone: 712-563-4286
 Fax: 712-563-2056
 Email: audcoeng@auduboncountya.gov

TEMPORARY WEIGHT INCREASE APPLICATION

Permit Fee - Varies

Section A - Issued to: Please print clearly or type.		INCREASE TONS:	MILES:
<input type="checkbox"/> Check/Cash		Requested Start Date	
Legal Name - Vehicle Owner or Lessee		Phone Number	U.S. DOT Number
Address		FAX Number	MC Number
City	State ZIP Code	Carrier Type <input type="checkbox"/> For Hire <input type="checkbox"/> Private	Iowa Intrastate Authority Number
Email Address		Contact Name	Area Code - Telephone No.

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

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

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/Spacings - front to rear (required when gross weight exceeds 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

Coming From	Going To
Route	

Section G - Permit delivery (check one)

Name _____

Mailing Address _____

FAX _____ Email _____

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 06-2008.

X _____
 (Customer or Authorized Agent) Date

Approved by: _____

Permit No. _____