



Audubon County

Secondary Roads Department

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ANNUAL ROUTE APPROVAL PERMIT APPLICATION

Permit Fee - No cost route approval

Annual Permit Number: _____

Section A - Issued to: Please print clearly or type.			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 checked="" type="checkbox"/> Private	
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 - Trip:

Coming From	Going To
Route	

Section F - 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.

)(_____ Date _____
 (Customer or Authorized Agent)

Approved by: _____

Permit No. _____