



# Audubon County

## Secondary Roads Department

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

### ROUND TRIP PERMIT APPLICATION

Section A - Issued to: Please print clearly or type.

Permit Fee - \$70

<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
Trailer - Plate/State must be identified					
Plate	State	Make	Other (provide details)		

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. \_\_\_\_\_