SINGLE TRIP APPLICATION

will comply with all terms and conditions

Do not use this form for mobile homes/modular building sections. Wisconsin Department of Transportation MV2604 6/2021 s.348.26(2), (3) Wis. Stats.

Online application is available at https://wi.gotpermits.com/wiconnect Complete a Separate Application for Each Trip

Mail To: Wisconsin Dept. of Transportation OS/OW Permit Unit

P.O. Box 7980

Madison, WI 53707-7980 E-mail: oversize-permits.dmv@dot.wi.govÁ

Ú@}^K(608) 266-7320

Make check payable to: Registration Fee Trust

Section A	- Customer	Please p	rint clearly or	type.												
Legal Name - Vehicle Owner or Lessee						Doing Business As (D/B/A)										
Mailing Address						U.S. DOT Number										
City	State ZIP Code						Contact Name for DOT to call if questions/(Area Code) Telephone No.									
Email Address	3															
Section B - Load - Describe Article(s) Transported						Permit Effective Date										
	your load ra	dioactive?	□Yes [□ No												
Section C - \		State and \	'IN must be ide	ntified												
Plate State			ate and VIN must be identified Vehicle Identification Number (VIN)			Truck			Year	Ма	ke A	Axles	Unit			
Toward Mahie	laa Fithar F	Nata/Otata		a identified I	la a	-	ther:		 							
			or VIN must be			Semi-		-		S.						
Plate	State	Ve	Vehicle Identification Number (VIN)			trailer tra		Dollies (Other	Year	Make		Axles	Unit		
Section D - S	Size															
	Power Unit Towed Vehicle Load					Front Overhang Tower				Underclearance Overall						
Length	Ft.	in.	t. in.	in. Ft. in.					//////// Ft. in.							
Width													Ft. in.			
Height									I	₹t.	in.	F	t.	in.		
Are Gross Veh	nicle Weight ar	nd Axle Wei	ght both legal?	Yes - Skip S		E - Gi	ve o	erall w	eight:							
Section E - A	Axle Weight/S	Spacing -	Tires - by axle,	front to rear												
Axle Number		1 (front)	2	3 4		5 6		7		8	8					
Loaded Axle Weight																
Number of Tires																
Tread Width																
Axle Width																
Axle Spacing																
	nsurance - T combined Singl		r has the insuran 0,000 $\hfill\Box$	ice coverage in Group B - Com					ck Group	A or Gro	ир В.					
Section G -	Trip: Single	trip permi	ts issued by th	e Departmen	t authoriz	e move	emen	t on inter	state an	d state	trunk h	ighw	ays O	NLY.		
Original Trip		/illage, Township To City, Village Townshi				Via Highways										
Пρ	Via Highways - continued															
Return Trip	☐ Yes		ns and route the													
Acceptance o	f Conditions:	I, the custo	mer or authorize is granted subje	ed agent, certi ect to the cond	fy that the itions in s.	statem 348.26	nents ((2) an	contained d s.348.26	in the ap 3(3) Wis.	plication Stats. a	are tru	ue an anted	d corre	ect. I mit, I		