

SINGLE TRIP PERMIT APPLICATION

TRANSPORT NON-DIVISIBLE LOAD EXCEEDING - STATUTORY SIZE and/or WEIGHT

Marathon County Highway Department 1430 West Street, Wausau, WI 54401
 Phone: (715) 261-1800 Fax: (715) 261-1810 **ATTN:** Kris Baguhn (715) 261-1818 **Email:** Kris.Baguhn@co.marathon.wi.us

APPLICANT (Owner or lessor of vehicle)

Name		
Address		
City	State	Zip Code
Telephone #	Fax #	

REQUIRED INSURANCE INFORMATION

Company
Address
Policy Number
Expiration Date

LOAD INFORMATION

Article(s) Transported: _____
Weight of Article(s): _____ lbs tons
Total Weight Vehicle & Article (S): _____ lbs tons

PERMIT REQUESTED FOR

___ Over Weight	___ Over Width
___ Over Length	___ Over Height
___ Seasonal Weight Limits	

VEHICLE TYPE AND TRAILER TYPE

Towing Vehicle		Towed Vehicle		Length
___ Truck ___ Truck-Tractor		___ Semi-Trailer ___ Dollies		
___ 1 2 Ton or Over		___ Full Trailer		
___ Other		___ Other		
Make	No. Axles	Make	No. Axles	Width
License/Serial No.	State	License/Serial No.	State	
Empty Wgt.	Loaded Wgt	Empty Weight	Loaded Wgt	Height

VEHICLE LENGTH AND TRAILER LENGTH

TOWING VEHICLE		TOWED VEHICLE		LOAD LENGTH		TOTAL DIMEN Vehicle & Load	
FEET	IN	FEET	IN	FEET	IN	FEET	IN

VEHICLES WEIGHT - AXLE SPACING - NUMBER OF TIRES BY AXLE – STARTING WITH FRONT AXLE

	1 - FRONT AXLE	2	3	4	5	6	7	8
NUMBER OF TIRES / AXLE								
REQUESTED GROSS AXLE WEIGHTS (IN POUNDS)								
DISTANCE BETWEEN AXLES CENTER TO CENTER IN FEET & INCHES	DISTANCE IN FEET AND INCHES BETWEEN THE FOLLOWING AXLES							
	AXLE	AXLE	AXLE	AXLE	AXLE	AXLE	AXLE	AXLE
	1	2	3	4	5	6	7	8

TRIP INFORMATION: (STARTING POINT, LOADED ROUTE, ENDING POINT, TOTAL MILES, HOURS ON ROAD)

EFFECTIVE DATE: _____	___ RED FLAGS ALL CORNERS OVERSIZED LOAD ___ SHERIFFS DEPT ESCORT - FRONT & REAR
EXPIRATION DATE: _____	___ CONTACT SHERIFFS DEPT BEFORE MOVE ___ PRIVATE ESCORT - FRONT & REAR
___ OVERSIZED PERMIT FEE \$25.00	___ NON-PEAK TRAFFIC HOURS
___ OVERWEIGHT PERMIT FEE \$50.00	*THIS PERMIT IS FOR MARATHON COUNTY TRUNK HIGHWAYS ONLY
	*THIS PERMIT MUST BE CARRIED IN VEHICLE

ACCEPTANCE OF CONDITIONS: I, the applicant or authorized agent, certify that the statements contained in the application are true and correct, and if granted a permit, I will comply with all terms and conditions that apply.

APPLICANT/AGENT _____ **DATE** _____

AUTHORIZING AGENT _____ **DATE** _____