

Permit No: _____

Expires: _____

Jefferson County Secondary Roads

901 N 8th Street
 Fairfield, IA 52556
 Phone: 641.472.6528
 Fax: 641.469.3398
www.jeffersoncountyiowa.com

- SINGLE TRIP PERMIT APPLICATION FEE = \$35
 ROUND TRIP PERMIT APPLICATION 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 for DOT to call if questions / Area Code - Telephone No. | |

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

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: _____

Date: _____