



SINGLE TRIP PERMIT APPLICATION

Emmet County Engineers Office
609 1st Avenue North Suite 4
Estherville, IA 51334-2263
Phone: (712)362-4846 Fax: (712)362-0112
Email: afisher@emmetcountyia.gov

Single Trip \$35

Round Trip \$70

Cash or Check. We do not accept credit cards

Permit Number: _____

Date Issued: _____

Section A – Issued to: Please print clearly or type

Legal Name – Vehicle Owner or Lessee			Requested Dates (1/2 hour before sunrise to ½ hour after sunset)		
Address			Phone Number		U.S. DOT Number
City	State	Zip Code	Fax Number		MC Number
Email Address			Carrier Type <input type="checkbox"/> For Hire <input type="checkbox"/> Private		Iowa Intrastate Authority Number

Section B – Load

Describe Article(s) Transported		SME Qualified? <input type="checkbox"/> Yes <input type="checkbox"/> No	Model Number	Serial Number
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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		Restrictions	<input type="checkbox"/> Centerline all bridges or travel in normal lane at 5mph		
Height		<input type="checkbox"/> Civilian front escort <input type="checkbox"/> with mounted		<input type="checkbox"/> Red/orange fluorescent flag required rear projection	
Gross Weight		<input type="checkbox"/> Civilian rear escort <input type="checkbox"/> with mounted		<input type="checkbox"/> Other	

Section E – Axle Weights/Spacing – 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
<input type="checkbox"/> Fax
<input type="checkbox"/> Email

Acceptance of Conditions: I certify that the statements contained in the application are true and correct and I will comply with the General Provision dated 01-19.

X _____
Customer or Authorized Agent Date

Permit Issued By: _____
Permit Officer Date

Please allow 24 hours for processing.