



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: fisher32@emmetcountyia.com

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
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
---------------------------------	---	--------------	---------------

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		Restrictions	<input type="checkbox"/> Red or orange fluorescent flag required on rear projection		
Height		<input type="checkbox"/> Civilian front escort <input type="checkbox"/> with mounted pole		<input type="checkbox"/> Amber revolving light/strobe light	
Gross Weight		<input type="checkbox"/> Civilian rear escort <input type="checkbox"/> with mounted pole		<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.