

SINGLE TRIP APPLICATION/PERMIT

Mail To: Jackson County Highway Department

To transport a nondivisible load exceeding statutory size and/or weight.
 This form cannot be used for permitting mobile homes/modular building sections

119 Harrison Street
 Black River Falls WI 54615
 Phone 715-284-0233/Fax: 715-284-0261

Applicant Name - Vehicle Owner or Lessee			Date of Move		
Address			Insurance Company		
City	State	Zip Code	Address		
Telephone No. ()	Fax No. ()	City		State	Zip Code
LOAD - Article(s) Transported			Policy Number		Policy Expiration Date

Note: Single trip permits are issued by the Wisconsin Department of Transportation at Madison, and by its district offices for movements on the state trunk highway system only; by the County Highway Commissioners for movement on county trunk highways in their respective counties; and by the officer in charge of maintenance for movements on highways and streets in their respective jurisdictions.

Permit Requested For:							
__ Overlength		__ Overwidth		__ Overheight		__ Overweight	
Size	Length		Width		Height		Weight (Pounds)
	Feet	Inches	Feet	Inches	Feet	Inches	
Load							
Towing Load							
Towed Vehicle							
Overall							

Towing Vehicle:
 __ Truck __ Truck-Tractor __ Other _____

Make	No. Axles
License or Vehicle Identification No.	State

Towed Vehicle - Check ALL that apply:

	Semi Trailer	Full Trailer	Dollies	Other (Identify)	Make	No. of Axles	License of Vehicle Identification No.	State
1								
2								
3								
4								
5								

Weight - Axle Spacing - Tires - by Axle front to rear

Axle Number	1 (front)	2	3	4	5	6	7	8	9
Number of Pneumatic Tires									
Requested Gross Axle Weight When Loaded (lbs.)	8								
Spacing Between Axles									
Axle Number	10	11	12	13	14	15	16	17	18
Number of Pneumatic Tires									
Requested Gross Axle Weight When Loaded (lbs.)									
Spacing Between Axles									

Route Loaded Trip	From City, Village, Township, etc.	To City, Village, Township, etc.	Via Highways
	Via Highways - Continued		
Complete If Return Route Is Requested	From City, Village, Township, etc.	To City, Village, Township, etc.	Via Highways
	Via Highways - Continued		

Acceptance of Conditions: I, the applicant, certify that the statements contained in the application are true and correct, and that if granted a permit, I will comply with all terms and conditions which apply, including all conditions which apply in Trans 252 & Trans 254.

X _____
 (Applicant or Authorized Agent) (Date)

Jackson County Highway Depart.: _____
 Name Position Date

Permit Effective Date: _____ Permit Expiration Date: _____