

# SINGLE TRIP APPLICATION

Do not use this form for mobile homes/modular building sections.  
MV2604 1/2003 s.348.26(2), (3) Wis. Stats.

Telephone: 414-278-5096



Mail To: Milwaukee County / DTPW - Transportation Division  
2711 West Wells Street, Suite 300  
Milwaukee, WI 53208

**Section A - Customer** Please print clearly or type.

|                                      |   |   |
|--------------------------------------|---|---|
|                                      | Desired Effective Date  | Multiple Trip Permit No. to Suspend-if Applicable |
| Legal Name - Vehicle Owner or Lessee | Doing Business As (D/B/A)                                     |   |
| Mailing Address                      | Federal Employer Identification No.                           | U.S. DOT Number                                   |
| City State Zip Code                  | Contact Name to call if questions / Area Code - Telephone No. |   |

**Section B - Insurance** - The customer has sufficient insurance coverage in full force and effect. Check Group A or Group B.

**Group A** - Combined Single Limit \$750,000

**Group B** - Combined Single Limit \$1,000,000

**Section C - Load** - Describe Article(s) Transported

Required: Is your load radioactive?  Yes  No

**Section D - Vehicles**  
Power Unit - Both Plate/State and VIN must be identified

| Plate | State | Vehicle Identification Number (VIN) | <input type="checkbox"/> Truck-tractor<br><input type="checkbox"/> Truck<br><input type="checkbox"/> Other: | Year | Make | Axles | Unit |
|-------|-------|-------------------------------------|---|------|------|-------|------|
|-------|-------|-------------------------------------|---|------|------|-------|------|

**Towed Vehicles** - Either Plate/State or VIN must be identified

| Plate | State | Vehicle Identification Number (VIN) | Semi-trailer | Full trailer | Dollies | Other | Year | Make | Axles | Unit |
|-------|-------|-------------------------------------|--------------|--------------|---------|-------|------|------|-------|------|
|       |       |                                     |              |              |         |       |      |      |       |      |
|       |       |                                     |              |              |         |       |      |      |       |      |
|       |       |                                     |              |              |         |       |      |      |       |      |

**Section E - Size**

|        | Power Unit |     | Towed Vehicle |     | Load |     | Front Overhang |     | Overall |     |
|--------|------------|-----|---------------|-----|------|-----|----------------|-----|---------|-----|
|        | Ft.        | in. | Ft.           | in. | Ft.  | in. | Ft.            | in. | Ft.     | in. |
| Length |            |     |               |     |      |     |                |     |         |     |
| Width  |            |     |               |     | Ft.  | in. |                |     | Ft.     | in. |
| Height |            |     |               |     |      |     |                |     | Ft.     | in. |

Are Gross Vehicle Weight and Axle Weight both legal?  Yes - Skip Section F

No - Complete Section F - **Give overall weight:**

**Section F - Axle Weight/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.) |           |    |    |    |    |    |    |    |    |
| Spacing Between Axles (Ft. in.)                |           |    |    |    |    |    |    |    |    |
| 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 (Ft. in.)                |           |    |    |    |    |    |    |    |    |

**Section G - Trip:** Single trip permits issued by Milwaukee County / DTPW authorize movement on Milwaukee County Trunk Highways ONLY.

|                              |                           |              |
|------------------------------|---------------------------|--------------|
| From City, Village, Township | To City, Village Township | Via Highways |
| Via Highways - continued     |                           |              |

|                                 |
|---------------------------------|
| Permit Number                   |
| Revised / Amended Permit Number |

**Acceptance of Conditions:** I certify that the statements contained in the application are true and correct and I will comply with all terms and conditions.

**X**

(Customer or Authorized Agent)

(Date)

General Requirements

- 1. Applications should be completed and returned to: Milwaukee County Department of Transportation & Public Works, Transportation Division, 2711 West Wells Street, Suite 300, Milwaukee, WI 53208 Phone (414) 278-5096 for assistance in completing this form.
2. A fee is required for this permit. All checks shall be made payable to Milwaukee County Department of Transportation & Public Works (DTPW) and sent to the address above.
3. A minimum of three (3) working days are required for review and processing prior to issuance of the permit.
4. Upon payment of all fees and approval of this application, the proper permit will be issued to the applicant by Milwaukee County. The permit will contain the requirements and special provisions that apply.
5. No transport shall be started until the application is approved and the permit is issued.
6. No transport is permitted to use County Trunk Highways between 6:00 a.m. - 9:00 a.m. and 3:00 p.m. - 6:00 p.m. Monday through Friday.
7. No changes or alterations in approved routes, vehicle dimensions and/or weights may be made at any time without written permission from the Transportation Superintendent or his authorized representative. Changes in extent of work may require payment of additional fees and deposits.
8. The applicant is responsible for obtaining any other permit(s) from the local municipality and for complying with any other restrictive requirement of local ordinances not in conflict with County requirements.

Section B - Insurance (cont.)

Insurance Company: \_\_\_\_\_
Address: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
Policy Number: \_\_\_\_\_
Policy Expiration Date: \_\_\_\_\_

For Department of Transportation & Public Works Use Only - DO NOT WRITE BELOW THIS LINE

FEES

Permit Fee: \$ \_\_\_\_\_ Permit Number: \_\_\_\_\_
Engineering: \$ \_\_\_\_\_ Permit Effective Date: \_\_\_\_\_
Other: (explain) \$ \_\_\_\_\_ Permit Expiration Date: \_\_\_\_\_
Total Fees: \$ \_\_\_\_\_

ADDITIONAL CONDITIONS: \_\_\_\_\_

COMMENTS

Highway Maintenance Date Name
Structures Date Name

Issued by: \_\_\_\_\_ Date of Issue: \_\_\_\_\_
Transportation Division / DTPW