

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: 414-257-5910 Email: vernon.singleton@milwaukeecountywi.gov



Mail To: Milwaukee County Department of Transportation
10320 W Watertown Plank Road, 2nd Floor
Wauwatosa, WI 53226

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 <input type="checkbox"/> Truck <input type="checkbox"/> Other:	Year	Make	Axles	Unit
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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 MCDOT - Transportation Services authorize movement on Milwaukee County Trunk Highways ONLY.

From: Address City or Village	To: Address City or Village	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 - Transportation Services Division, 10320 W. Watertown Plank, 2nd Floor, Wauwatosa, WI 53226 Phone (414) 257-5910 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 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 Director of Transportation 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 - Transportational Services 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: _____ MCDOT Transportation Services Date of Issue: _____