Single Trip Application/Permit
Trempealeau County, Wisconsin

Phone: 715 538-4799
FAX: 715 538-4320

Authorization/Special Conditions for Issuance of Permit:

Permit Number:		
Effective Date:	Beginning:	AM/PM
Expiration Date:	Ending:	AM/PM
Special Conditions:		
Approved	Denied: Reason	
Authorized for movement on Trempealeau County Trunk Highways as noted. TREMPEALEAU COUNTY HIGHWAY DEPARTMENT Authorized Signature	Title:	Date:

To Be Completed By Applicant

For the transfer of a non-divisible load exceeding the statutory size and/or weight limits. This form cannot be used for transferring mobile homes or module building sections. Single Trip Permits are issued by the County Highway Commissioner and authorization is ONLY for movement on Trempealeau County Trunk Highways.

Complete ALL sections; an incomplete application will be returned without processing. If item does not apply please Indicate as such.

APPLICANT: Owner or Lessee of Towing Vehicle (not supplier or consumer)

Name:		Insurance Company:	
Address:		Address:	
City:		City:	
State:	Zip Code:	State:	Zip Code:
Telephone:		Policy Number:	
Fax:		Policy Expiration Date:	

VEHICLE INFORMATION (Towing Vehicle)

Truck ☐	Tractor ☐	Other:	
Make:			Number of Axles:
License/ID Number			State of Registration:

VEHICLE INFORMATION (Unit in Tow)

Fifth Wheel Trailer ☐	Regular Trailer ☐	Dollies ☐	Other:
Make:			Number of Axles:
License/ID Number			State of Registration:
Description of Load:			

PERMIT REQUESTED FOR:

OVERWEIGHT	Gross Weight (vehicle & load) Lbs.
OVER HEIGHT	Maximum Loaded Height Ft.
OVER WIDTH	Maximum Loaded Width Ft.
OVER LENGTH	Maximum Loaded Length Ft.

TRIP INFORMATION - Requested Route of Transfer *(Be Specific)*: **Return Route** (if different from above):

Starting From:	Starting From
Ending at:	Ending at:
Via County Trunk Highway:	Via County Trunk Highway:

DATE/TIMES OF TRANSFER:

Date of Transfer:	Approximate Times of Transfer:

ACCEPTANCE OF CONDITIONS

I, the above name applicant, certify, that the statements contained in this application are true and correct, and that I have read and understand the conditions stated in Wisc. · Admin. Code Chapter Hy. 30.02 and Chapters Trans. 251 to 276 and, if granted a permit, I will comply with all the terms and conditions as they apply. I further agree that this Permit shall remain with the towing vehicle during the actual transfer.

Signature of Applicant:	Date: