



SINGLE TRIP APPLICATION To Transport a Factory Built Home

Wisconsin Department of Transportation
MV2601 7/2021 s.348.26(4)

Mail To: Wisconsin Dept. of Transportation OS/OW Permit Unit
P.O. Box 7980
Madison, WI 53707-7980

E-mail: oversize-permits.dmv@dot.wi.gov
Ú@}^K(608) 266-7320

Make check payable to: **Registration Fee Trust**

Online application is available at <https://wi.gotpermits.com/wiconnect>

Complete a Separate Application for Each Trip

Section A - Customer Please print clearly or type.

Legal Name - Vehicle Owner or Lessee			Doing Business As (D/B/A)		
Mailing Address			U.S. DOT Number		
City	State	ZIP Code	Contact Name for DOT to call if questions/(Area Code) Telephone No.		
Email Address					

Section B - Load - Check ONE only

Mobile Home Modular/Manufactured Building Section No.:

Desired Effective Date

Section C - Vehicles
Power Unit - Both Plate/State and VIN must be identified. Drive axle must have dual wheels.

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 not required for Mobile Home.

Plate	State	Vehicle Identification Number (VIN)	<input type="checkbox"/> Mobile Home <input type="checkbox"/> Semi-Trailer <input type="checkbox"/> Trailer <input type="checkbox"/> Under Carriage <input type="checkbox"/> Other:	Year	Make	Axles	Unit
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Section D - Size

	Power Unit		Towed Vehicle		Load		Box Width		Roof Width		Overall	
Length	Ft.	in.	Ft.	in.	Ft.	in.			Ft.	in.	Ft.	in.
Width												
Height												

Are Gross Vehicle Weight and Axle Weight both legal? Yes - Skip Section E
 No - Complete Section E - **Give overall weight:**

Section E - Axle Weight/Spacing - Tires - by axle, front to rear

Axle Number	1 (front)	2	3	4	5	6	7	8	9
Loaded Axle Weight									
Number of Tires									
Axle Spacing									

Section F - Insurance - The customer has the insurance coverage indicated 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 G - Trip: Must specify complete route of travel.

Original Trip	From City, Village, Township	To City, Village Township	Via Highways
	Via Highways - continued		
Return Trip	Are the return dimensions and route the same as the "Original Trip"?		
	<input type="checkbox"/> Yes		
	<input type="checkbox"/> No, On a second application, complete Sections A, D, E, F, and G.		

Acceptance of Conditions: I, the customer or authorized agent, certify that the statements contained in the application are true and correct. I understand that any single trip permit is granted subject to the conditions in s.348.26(1) Wis. Stats. and if granted a permit, I will comply with all terms and conditions

X _____ (Date)
(Customer or Authorized Agent)