



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

Phone: (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.
Width	/		/		/		Ft.	in.	Ft.	in.	/	
Height	/		/		/		/		/		Ft.	in.

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(4) Wis. Stats. and if granted a permit, I will comply with all terms and conditions

X _____ (Date)
 (Customer or Authorized Agent)