



Minnesota Department of Transportation
Office of Freight and Commercial Vehicle Operations
Transportation Permit Section

Fax: 651-215-9677 Phone: 651-296-6000 (8:30-3:00) Email: ofcvopermits@dot.state.mn.us

APPLICATION FOR SINGLE TRIP OVERSIZE/OVERWEIGHT LOAD PERMIT

Start Date: _____ Account No: _____ Requested By: _____

Applicant Name: _____ Phone No: _____

Address: _____ City: _____ State: _____ Zip: _____

Send permit to (Fax No or Email address): _____ (Optional) Copy previous permit #: _____

Complete Only If You Do Not Have a Permit Account #: _____ Credit Card No.: _____ Expiration Date: _____
(Visa or MasterCard Only) (Month/Yr)

Load Description: _____ Model /Serial No/Size: _____ Wt of load: _____

Power Unit Make: _____ License No: _____ State: _____ Empty Wt: _____ # of Axles: _____ Length: _____

Make of 2nd Unit: _____ Type: _____ License No: _____ State: _____ Empty Wt: _____ # of Axles: _____ Length: _____

Make of 3rd Unit: _____ Type: _____ License No. _____ State: _____ Empty Wt: _____ # of Axles: _____ Length: _____

Make of 4th Unit: _____ Type: _____ License No. _____ State: _____ Empty Wt: _____ # of Axles: _____ Length: _____

Overall Dimensions: Width: _____ Height: _____ Length: _____ Overhang: Left: _____ Right: _____ Front: _____ Rear: _____

Gross Vehicle Weight (GVW): _____ Is Load/Vehicle Overweight? Yes _____ No _____ (If "YES", Complete Page 2)

Distance from kingpin to center of rearmost axle group is: _____ ft _____ in. Axle Width of trailer combination is: _____ ft. _____ in.

Starting at (town or junction): _____ On Hwy: _____ Ending at (town or junction): _____ On Hwy: _____

RRR - check this box if a Return Reverse Route is being requested.

Requested route: _____
(Attach extra sheets if needed) _____



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Page 2 - APPLICATION FOR OVERSIZE/OVERWEIGHT LOAD PERMIT

Applicant Name: _____ Phone No: _____

Starting at steer axle (#1), list each axle spacing, weights requested, number of tires and tire sizes per axle:

Axle Number	1 (front)	2	3	4	5	6	7	8	9
Spacing Between Axles (Ft. in.)									
Requested Gross Axle Weight When Loaded (lbs.)									
Number of Pneumatic Tires									
Tire Size									

Axle Number	10	11	12	13	14	15	16	17	18
Spacing Between Axles (Ft. in.)									
Requested Gross Axle Weight When Loaded (lbs.)									
Number of Pneumatic Tires									
Tire Size									

Comments: _____



Instructions for Completing a Single Trip Permit Application

Item	Instruction
START DATE	This is the date you want your trip to begin. We don't issue permits more than seven (7) days before the trip is to start.
ACCOUNT NUMBER	If you have an account with the Mn/DOT Permit Office, enter your Account Number. It saves us time by not having to re-enter all your company information.
REQUESTED BY/PHONE NUMBER	The contact person at your company (and their office or cell phone number) who can properly answer questions we may have about the application provided.
APPLICANT NAME/ADDRESS	If you list your account number, just provide your company name. If you don't have an account number, fill out name and complete address. This is what will show on the permit as the responsible party (Permittee).
PERMIT DELIVERY METHOD	Provide a fax number or an e-mail address to have permit sent to. Not both.
(OPTIONAL) COPY PREVIOUS PERMIT	If you have a previously issued permit that is identical or substantially the same as the new permit being requested you can provide the previous permit number and only list any needed changes on the new application.
PAYMENT INFORMATION	If you provide an account number, you don't need to complete this section. If you don't have an account number, you must give us this information to receive your permit. Mn/DOT only accepts Visa or MasterCard.
LOAD DESCRIPTION	Specific description of the load being hauled. If the item has make/model/serial # (such as machinery) it must be listed. For items that don't have make/model/serial # (such as a vessel or steel beams) you must provide the overall dimensions of the load itself.
POWER UNIT INFORMATION	Provide the make, license plate number & State of issue, empty weight, number of axles, and overall length of the power unit.
2ND, 3RD, 4TH UNIT INFORMATION	List the type of unit(s) in the overall combination: ST = semi-trailer; SST = stretch semi-trailer; TRL = trailer; JP = jeep dolly; PB = pivoting booster; RSD = rear steer dolly; MH = mobile/manufactured home.
LOADED DIMENSIONS/WEIGHTS	List the overall loaded dimensions and gross vehicle weight. If vehicle is over legal weights, complete page 2 of the application. Loaded heights exceeding 15'6" must have a physical route survey completed before an application will be processed. The survey must be conducted at 6 inches higher than the loaded height.
DISTANCE FROM KINGPIN	For trailers over 48 ft. in length, list the distance from the kingpin to the center of the rearmost axle group.
OVERHANG	For offset over width loads, list the left and right side overhangs. For over length loads, list any front or rear overhang.
AXLE WIDTH	List the widest axle(s) on either the trailer and/or its components. Axle width impacts routes and escort requirements.
STARTING/ENDING LOCATION	List the exact starting and ending point that intersects the State Trunk Highway you are entering and leaving on.
REQUESTED ROUTE	If you go off and on our system using local roads along your route, list the county names along with the road designation. If you want a return route on the same permit, check the RRR box on the application. Reverse route must be identical to original route. If not, a new permit is required.