# ROCK COUNTY

Permit #53-2016-

### NO FEE PERMIT APPLICATION FOR AGRICULTURAL COMMERCIAL VEHICLES (Ag CMV) -

MV2583 2/2016

#### **PART A**

Permit must be carried in the vehicle authorized and produced in either printed or electronic format according to s.348.28(1)(b), Wis. Stats.

This permit should be used by an **owner or lessee of an Agricultural Motor Vehicle (Ag CMV)** for permission to operate an Ag CMV on **town, city, village or county roads** because the Ag CMV **exceeds**:

- 1. Weight Limits:
  - a. Axle Weight Limits s.348.15(3)(g), Wis. Stats.

OR

b. Gross Vehicle or Vehicle Combination Weight Limitations s.348.15(3)(g), Wis. Stats. OR

- 2. Length Limits:
  - a. An Ag CMV (single vehicle) may not exceed 45 feet in length, OR
  - b. An Ag CMV (two-vehicle combination) may not exceed 70 feet in length, OR
  - c. An Ag CMV (three-vehicle combination or train or a truck-drawn agricultural train) driven at a speed of 25 miles or less may not exceed 100 feet in length. If an Ag CMV train is driven at a speed of over 25 miles per hour, it may not exceed 70 feet in length. s.348.08, (1) (d), Wis. Stats.
  - d. Except no overall length limitation when operated on a designated highway per Trans 276.07, Wisconsin Administrative Code (WAC) and 65 feet highways listed in Trans 276.05, WAC.

Submit a completed form to each maintaining authority or designee that is responsible for the highway on which you're requesting permission to exceed the above limits. Listings and contact information are available for maintaining authorities or designees at: <a href="https://www.wisconsindot.gov/business/ag/permits.htm">www.wisconsindot.gov/business/ag/permits.htm</a>

**Note:** No overweight permit is required for an Ag CMV as described in s.340.01(10), Wis. Stats. traveling for delivery, service or repair of Ag CMV by dealer or farmer within 75-mile radius.

#### PART A - Applicant and Routes

#### **SECTION 1 – Applicant Information**

Applicant Name and Business Name (enter name of individual or company owner	er or lessee operating the vehic	cle)		
Contact Name	(Area Code) Telephone Number			
Street Address	Email Addr	Iress		
City, State, ZIP Code	County			
Check one:				
<ul> <li>This is an original application for a consecutive month positive is an original application for an annual permit.</li> <li>This is a request to amend Part A for an issued permit. If is part of an issued permit, then check the box and enter the</li> </ul>	this is an application to			
SECTION 2 – Routes  Enter the Road(s) Requested (example: Route 1: Origin, west on County east on County Z, north on County S, and return.) Alternatively, please a overweight or over length equipment:				
SECTION 3 – Signature of Applicant				
K				
(Signature of Permit Applicant )		(Date - m/d/yyyy)		

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PART B – Type or permit and venicle information											
SECTION 1 – Type of Permit											
Type of permit for which you are applying (check all that apply)											
a. Exceeds statutory Ag CMV vehicle length limits (Complete sections 2, 3 and 5)											
b. Exceeds statutory axle weight limits s.348.15(3)(b), Wis. Stats (Complete Sections 2, 4, and 5)											
c. Exceeds gross vehicle weight limits s.348.15(3)(g), Wis. Stats (Complete Sections 2, 4, and 5)											
SECTION 2 – Description(s) of the Ag CMV											
Vehicle Information – Complete for all Permit Types											
Power Unit – Make	Power Unit – Model Number		Power Unit – Description								
Fleet or VIN Number (optional)  Permit Number (completed by Maintaining Authority)											
Towed Unit Information (enter the make and model of up to two towed units for Ag CMV vehicle combinations)											
1. Make	Model Number Description										
2. Make	Model Number	mber Description									
SECTION 3 – Vehicle Length – Complete this information for an Ag CMV that exceed statutory length limits:  Single Ag CMV Vehicle Length: feet.  OR											
Length of the <b>Ag CMV</b> Vehicle Combination: feet.											
	Veight - Complete this in and/or axle weight limitati eight		n for an Ag C	M or Ag Cl	MV vehicle	combinatio	on that exce	eds			
Enter the maximum gross weight intended to be operated at: pounds.											
b. Axle Weight and Spacing											
Enter the maximum axle weight and spacing from front to rear of the implement/vehicle or implement/vehicle combination, enter the distance in inches, or feet and inches, between axles:											
Maximum Axle											
Weights											
Identify Axle Pneumatic or Tracks											
Gauge* Width of Axles											

#### **SECTION 5 – Frequency and Use**

**Spacing** Between Axles

Month of Operation	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Trips per Week												
Weeks of Operation												

<sup>\*</sup> Axle Gauge: the crosswise distance in feet and inches between the center of the tires on either side of a vehicle. On an axle with one tire on either side of the vehicle, gauge is the distance between the center of the tires on the left and right sides of the vehicle. If the vehicle has two tires on either end of the axle, the axle gauge is the distance from the space between the tandem on the left and right sides of the vehicle.

## NO FEE PERMIT APPLICATION FOR AGRICULTURAL COMMERCIAL VEHICLES (Ag CMV)

- Local Government (continued)

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PART C - Ag CMV No Fee Permit (ALL Information Entered by Maintaining Authority)

SECTION 1 - Ag CMV No Fee Permit

OLOTION 1 - Ag OWY NOT GET CHINK						
Applicant / Business Name (from Section 1)		Permit Number				
Maintaining Authority	County of Maintaining Authority		Application Received Date (m/d/yyyy)			
Maintaining Authority Contact Person		Effective Date (m/d/yyyy)				
(Area Code) Telephone Number		Expiration Date (m/d/yyyy)				
Signature of Maintaining Authority X		Date (m/d/yyyy)				
Approval (check one)  Approved as Submitted						
Approved with Operating Conditions. List cor	nditions:					
Not Approved. Reason:						
SECTION 2 – Approved Amendment to Ag ( (see amendment description on page 1)	CMV No Fee Permit	F	Permit Number to be Amended			
Change to Part A		Amendmen	t Request Received Date (m/d/yyyy)			
Amended Operating Conditions. List conditions:		1	Amended Permit Number			
			Effective Date (m/d/yyyy)			
Maintaining Authority Contact Person			Expiration Date (m/d/yyyy)			
Signature of Maintaining Authority X			Date (m/d/yyyy)			