**NO FEE PERMIT APPLICATION FOR ALL SELF PROPELLED, TOWED, OR ATTACHED IMPLEMENTS OF HUSBANDRY (IoH) AND AGRICULTURAL COMMERCIAL MOTOR VEHICLES (Ag CMV)**

Wisconsin Department of Transportation (WisDOT)

**MV2578 2/2016**

This application should be used by an owner or lessee of an Implement of Husbandry (IoH) s 340.01(24),Wis. Stats Agricultural Commercial Motor Vehicle (Ag CMV) s. 340.01 (1o) Wis. Stats or a 2-vehicle combination transporting an IoH or Ag CMV. This application requests permission for these vehicles to operate on US highways, state, county or local roads in excess of statutory:

1. Gross vehicle weight limits [*s.348.15(3)(g), Wis. Stats*](http://docs.legis.wi.gov/statutes/statutes/348/III/15)
2. Axle weight limits [*s.348.15(3)(b), Wis. Stats*](http://docs.legis.wi.gov/statutes/statutes/348/III/15)
3. Length limits

|  |  |  |
| --- | --- | --- |
| Vehicle Type | IoH length limits\* (IoH as power unit) | Ag CMV length limits |
| Single |  60 feet | 45 feet |
| 2- vehicle combination  | 100 feet  | 70 feet |
| 3- vehicle combination or ag train | 100 feet  | 100 feet |
| \*Limits also apply to 2-vehicle combinations transporting IoH per *s.348.07(2)(e)2 and (2r) Wis Stats* |

Submit completed form MV2578 to the Department of Transportation for operation on State and U.S. highways and to local maintaining authority for operation on county and local roads.

Contact information (email, fax and mailing addresses) at: <http://wisconsindot.gov/Pages/dmv/agri-eq-veh/ag-prmts.aspx>

Permit must be carried in the vehicle authorized in either printed or electronic format [*s.348.28(1)(b), Wis. Stats.*](http://docs.legis.wi.gov/statutes/statutes/348/IV/28)

Note: No overweight permit required for IoH or Ag CMV traveling for delivery, service or repair of IoH or Ag CMV by dealer or farmer within 75 mile radius.

**PART A – Applicant and Routes**

**SECTION 1 – Applicant Information**

|  |
| --- |
| Applicant Name *(enter name of vehicle owner or vehicle lessee – name of business if applicable)*      |
| Contact Name      | (Area Code) Telephone Number      |
| Street Address      | Email Address      |
| City, State, ZIP Code      | Permit Number *(completed by Maintaining Authority)*      |

**Check all that apply:**

[ ]  **This is an original application for an annual permit or a consecutive month permit.**

[ ]  **This is a request to amend an issued permit.** Enter the permit number you seek to amend:

[ ]  **This is an application for multiple identical power units and/or towed or attached units traveling the same route. Identical means the same make & model number, same axle spacing, and same GVW. Please indicate the number of units here**      **\_\_\_\_\_ .** (Fleet numbers, if applicable, can be entered on the next page.)

**SECTION 2 – Routes**

Please note: For Part A, Section 2, list each segment of road, including road name or state highway number, and the beginning and end points for which you are seeking a permit. Note that for state highways, your beginning and endpoints should be indicated in relation to the nearest state or county highway intersection (for example: Start on WIS 82, ½ mile southeast of Hwy 82 and County V); OR provide a map that clearly identifies each segment of road for which you are seeking a permit. Again, note that for state highways, the intersection with a state or county highway nearest your beginning and end points should be clearly marked.

|  |
| --- |
|       |
|       |
|       |
|       |
|       |
| **SECTION 3 – Signature of Applicant**  |
| **X**       |       |
|  (Signature of Permit Applicant – electronic signature – Brush Script font) | (Date – m/d/yyyy) |

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**PART B – Type of Permit and Vehicle Information**

**SECTION 1 – Type of Permit**

Type of permit for which you are applying (check all that apply)

[ ]  a. Exceeds statutory IoH, Ag CMV or 2-vehicle transport combinations length limits (Complete sections 2, 3 and 5)

[ ]  b. Exceeds statutory axle weight limits [*s.348.15(3)(b), Wis. Stats*](http://docs.legis.wi.gov/statutes/statutes/348/III/15) (Complete Sections 2, 4, and 5)

[ ]  c. Exceeds gross vehicle weight limits [*s.348.15(3)(g), Wis. Stats*](http://docs.legis.wi.gov/statutes/statutes/348/III/15) (Complete Sections 2, 4, and 5)

**SECTION 2 – Description of IoH, Ag CMV or 2-vehicle transport combination**

|  |  |
| --- | --- |
| **Vehicle Information – Complete for all Permit Types** | Permit Number       |
| Power Unit – Make      | Power Unit – Model Number      | Power Unit – Description      | Number of Axles      | Fleet Number (optional)      |
| Power Unit – Type – check if applicable[ ]  Check if power unit or vehicle combination is a IoH Category B according to s. 340.01(24) (a) 1. b. Wis. Stats[ ]  Check if power unit or vehicle combination is an Ag CMV Category 1 according to 340.01 **(1o)** (e) Wis. Stats[ ]  Check if power unit is an Ag CMV (other than Ag CMV Category 1)[ ]  Check if power unit is not an IoH or Ag CMV (i.e. farm truck, farm truck tractor, truck tractor or other motor truck)  |
| **Towed Unit Information** *(*Enter make and model of up to two towed units, including trailer or semi-trailer transporting IoH or Ag CMV) |
| 1. Make      | Model Number      | Description      | Number of Axles      |
| 2. Make      | Model Number      | Description      | Number of Axles      |
| **Attached Unit Information** (If you have additional attachments please list on a separate sheet of paper) |
| 1. Make      | Model Number      | Description      |

**SECTION 3 – Vehicle Length –** Complete this information for an IoH, Ag CMV or 2-vehicle transport combination that exceeds statutory length limits:

[ ]  Length of the single **IoH or Ag CMV**:       feet.

 **OR**

[ ]  Length of the **IoH or Ag CMV** Vehicle Combination:       feet.

 **OR**

[ ]  Length of 2-vehicle transport combination:       feet.

**SECTION 4 – Vehicle Weight –** Complete this information for IoH or Ag CMV vehicle or vehicle combination including 2-vehicle transport combination that exceeds statutory gross vehicle and or axle weight limits.

a. **Total Gross Weight**

Enter the maximum gross weight intended to be operated at:       pounds.

b. **Axle Weight and Spacing**

Enter the maximum axle weight and spacing from foremost front axle to rearmost axle. Enter the distance in feet and inches between axles:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Maximum Axle Weights Requested** |       |       |       |       |       |       |       |       |
| **Unladen Weight Without Cargo, Attachments or Weights** |       |       |       |       |       |       |       |       |
| **Identify Axle**Pneumatic or Tracks |       |       |       |       |       |       |       |       |
| **Gauge\*Width of Axles** |       |       |       |       |       |       |       |       |
| **Spacing Between Axles** |       |       |       |       |       |       |       |

\* **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.

**SECTION 5 – Frequency and Use**

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