

BECKER COUNTY HIGHWAY DEPARTMENT

1771 North Tower Road, Detroit Lakes, MN 56501

Phone (218) 847-4463 E-Mail: highway@beckercountymn.gov

APPLICATION FOR TRANSPORTATION PERMIT

| PART A: TOWING VEHICLE | | | PART B: TOWED / TRAILED EQUIPMENT | | |
|---|---------------|--------|---|---------------|--------|
| CHECK TYPE: <input type="checkbox"/> TRUCK <input type="checkbox"/> TRUCK-TRACTOR <input type="checkbox"/> _____ | | | CHECK TYPE: <input type="checkbox"/> TRAILER <input type="checkbox"/> TRAILED EQUIPMENT <input type="checkbox"/> _____ | | |
| MAKE/MODEL: | LICENSE #: | STATE: | MAKE/MODEL: | LICENSE #: | STATE: |
| REGISTERED WEIGHT: | EMPTY WEIGHT: | | REGISTERED WEIGHT: | EMPTY WEIGHT: | |

| PART C: LOAD INFORMATION | | |
|--------------------------|-------------|--|
| OBJECT OR MATERIAL: | SIZE/MODEL: | LOAD WEIGHT: |
| | | TOTAL EMPTY WEIGHT: |
| | | TOTAL WEIGHT: |
| | | OVERALL DIMENSIONS: |
| | | Height: _____ FT _____ INCHES Width: _____ FT _____ INCHES Length: _____ FT _____ INCHES |

| PART D: MOVEMENT INFORMATION | |
|------------------------------|-----------------|
| MOVEMENT FROM: | MOVEMENT TO: |
| PLANNED ROUTE: | |
| MOVEMENT DATES: | MOVEMENT HOURS: |

| PART E: MOVER INFORMATION | |
|-------------------------------------|-------------------------------|
| MOVER'S NAME: | OWNER OF LOAD: (IF DIFFERENT) |
| ADDRESS: (STREET, CITY, STATE, ZIP) | PHONE NUMBER: |
| APPLICANT'S SIGNATURE: | CONTACT PERSON EMAIL: |

| PART F: AUTHORIZATION (TO BE COMPLETED BY BECKER COUNTY HIGHWAY DEPARTMENT) | | | | | | | | | | | | | |
|--|--|----------------|-------|--|--|--------------|--|---------------|-------|--------------|-------|-------------------|-------|
| SPECIAL REQUIREMENTS: | <table style="width: 100%;"> <tr> <td style="width: 60%;">PERMIT NUMBER:</td> <td>_____</td> </tr> <tr> <td></td> <td style="text-align: right;">(Void without "Affixed Permit Number")</td> </tr> <tr> <td>PERMIT FEES:</td> <td></td> </tr> <tr> <td>STANDARD FEE:</td> <td>_____</td> </tr> <tr> <td>OVERAGE FEE:</td> <td>_____</td> </tr> <tr> <td>TOTAL PERMIT FEE:</td> <td>_____</td> </tr> </table> | PERMIT NUMBER: | _____ | | (Void without "Affixed Permit Number") | PERMIT FEES: | | STANDARD FEE: | _____ | OVERAGE FEE: | _____ | TOTAL PERMIT FEE: | _____ |
| PERMIT NUMBER: | _____ | | | | | | | | | | | | |
| | (Void without "Affixed Permit Number") | | | | | | | | | | | | |
| PERMIT FEES: | | | | | | | | | | | | | |
| STANDARD FEE: | _____ | | | | | | | | | | | | |
| OVERAGE FEE: | _____ | | | | | | | | | | | | |
| TOTAL PERMIT FEE: | _____ | | | | | | | | | | | | |

AUTHORIZATION OF MOVEMENT IS HEREBY GRANTED subject to compliance with the provisions of the Minnesota Highway Traffic Regulation Act and under the terms, conditions, and restrictions above and on the reverse side of this permit and is subject to revocation upon noncompliance or alterations. Permit issued for the above described over legal dimensions and/or weights.

| | |
|-----------------------|------------------|
| AUTHORIZED SIGNATURE: | DATED: _____ |
| | AT _____ AM / PM |