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

Local Government

Wisconsin Department of Transportation MV2583 2/2015

PART A

Permit must be carried in the vehicle authorized and produced in either printed or electronic format according to <u>s.348.28(1)(b)</u>, 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.
 - <u>OR</u>
 - b. Gross Vehicle or Vehicle Combination Weight Limitations <u>s.348.15(3)(g)</u>, <u>Wis. Stats</u>.
 <u>OR</u>
- 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. <u>s.348.08</u>, (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: www.wisconsindot.gov/business/ag/permits.htm

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 or lessee operating the vehicle)								
Contact Name		(Area Code) Telephone Number						
Street Address	Email Addr	ess						
City, State, ZIP Code County								

Check one:

☐ This is an original application for a consecutive month permit.

☐ This is an original application for an annual permit.

This is a request to amend Part A for an issued permit. If this is an application to amend information in Part A that is part of an issued permit, then check the box and enter the permit number you seek to amend:

SECTION 2 – Routes

Enter the Road(s) Requested (example: Route 1: Origin, west on County Z, north on County H for two miles. Route 2: Origin, east on County Z, north on County S, and return.) Alternatively, please attach a map of the requested roads to be used when operating overweight or over length equipment:

SECTION 3 – Signature of Applicant

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

Local Government (continued) Wisconsin Department of Transportation MV2583

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 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 <u>s.348.15(3)(g)</u>, 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	Description

SECTION 3 – Vehicle Length – Complete this information for an Ag CMV that exceed statutory length limits:

Single Ag CMV Vehicle Length: _____ feet.

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Length of the Ag CMV Vehicle Combination: ______ feet.

SECTION 4 – Vehicle Weight – Complete this information for an Ag CM or Ag CMV vehicle combination that exceeds statutory gross vehicle and/or axle weight limitations:

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 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										
Spa Between A	cing xles									

* 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	Мау	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Trips per Week												
Weeks of Operation												

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

Local Government (continued)

Wisconsin Department of Transportation MV2583

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

SECTION 1 – Ag CMV No Fee Permit

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 <i>(check one)</i> Approved as Submitted						
Approved with Operating Conditions. Lis	st conditions:					
Not Approved. Reason:						

SECTION 2 – Approved Amendment to Ag CMV No Fee Permit (see amendment description on page 1)		Permit N	umber to be Amended
Change to Part A	Amendm	nent Reque	est Received Date (m/d/yyyy)
Amended Operating Conditions. List conditions:			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)