

NO FEE PERMIT APPLICATION FOR IMPLEMENTS OF HUSBANDRY (IoH) and AGRICULTURAL COMMERCIAL VEHICLES (Ag-CMV), Local Government

Wisconsin Department of Transportation
MV2578LG 5/2014

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.**

Please provide information on operation of vehicle or vehicle combination that exceed:

1. Weight Limits:
 - a. Axle Weight Limit exceeding Figure **s.348.15(3)(g), Wis. Stats.**
OR
 - b. Gross Vehicle or Vehicle Combination Weight exceeding Figure **s.348.15(3)(g), Wis. Stats.**
OR
2. Length Limits:
 - a. 60 feet for a IoH single vehicle, **OR**
 - b. 100 feet for two IoH vehicles combined, **OR**
 - c. 70 feet for three IoH vehicles combined that will operate at greater than 25 mph, **OR**
 - d. 100 feet for three IoH vehicles combined that will operate at 25 mph or less, **OR**
 - e. 45 feet for an Ag-CMV vehicle.

Submit completed form MV2578 to all highway maintenance authorities, or designees, responsible for the roads on which you wish to operate. Listings and contact information (email, fax and mailing addresses) is available at: **www.dot.wi.gov/business/ag/permits.htm**.

Note: No Permit is required for certain self-propelled IoH (only applies to weight) as described in 340.01(24)(a)1.b. traveling between fields and operated on the highway for a distance of 1/2 mile or less or for delivery, service or repair of IoH or Ag-CMV by dealer or farmer within 75-mile radius.

SECTION 1

Applicant Name and Business Name <i>(enter name of individual or company owner or lessee operating the vehicle)</i>	
Contact Name	(Area Code) Telephone Number
Street Address	Email Address
City, State, ZIP Code	County

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:

Signature of Applicant

X
(Signature of Permit Applicant – electronic signature – Brush Script font) (Date – m/d/yyyy)

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PART B

SECTION 1 – Description(s) of IoH equipment exceeding statutory limitations on length or weight, or both

Power Unit – Make	Power Unit – Model Number	Power Unit – Description	Power Unit – Number
Power Unit – Type (choose only one) <input type="checkbox"/> Implements of Husbandry (IoH) Is vehicle or vehicle combination a <u>Category B type according to s.340.01(24)(a)1.b, Wis. Stats.?</u> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Agricultural Commercial Motor Vehicle (Ag-CMV)			

Towed Unit Information (enter the make and model of up to two towed units)

1. Make	Model Number	Description
2. Make	Model Number	Description

1. Overall Length

- Single IoH Vehicle Length: _____ feet.
- Single Ag-CMV Vehicle Length: _____ feet.

OR

- Length of the Vehicle Combination: _____ feet.

If applying for a permit for a vehicle or a vehicle combination that will be over length but not overweight, see: **Figure 348.07.**

- Check here and go to Part A, Section 2 – Routes (first page of this form).

2. Vehicle Weight

a. Total Gross Weight

Enter the maximum gross weight of the IoH or Ag-CMV power unit and any towed units: _____ pounds.

AND

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										
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.

Frequency Trips per Day: _____ AND Weeks of Operation: _____	Time of Year – Season <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter
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For additional vehicles please print as many copies as needed to cover all of the equipment you intend to use that will exceed weight or length limits.

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PART C – Permit ID

1. Entered by Maintaining Authority

Permit Authority – Name	Applicant / Business Name (from Section 1)
Permit Authority – Jurisdiction	Application Received Date (m/d/yyyy)
Approval (check one) <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved with Operating Conditions. List conditions: <input type="checkbox"/> Not Approved. Reason:	

2. Approved Alternate Route

If the route of an application for an IoH described in WI Statute 340.01 (24)(a)1.b. is not approved, enter an approved alternative route, or provide map or provide ordinance copy, with any conditions:

Alternate Route	
Operating Conditions. List conditions:	
Issued By – Name	Effective Date (m/d/yyyy)
Permit Number	Expiration Date (m/d/yyyy)

PART D

1. Permit Route Amendments

Amended Route	Permit Number to be Amended:
Amended Operating Conditions. List conditions:	Amendment Request Received Date (m/d/yyyy)
Issued By – Name	Effective Date (m/d/yyyy)
Amended Permit Number	Expiration Date (m/d/yyyy)

PART E To Apply

► For an IoH / Ag-CMV Permit to operate on **MUNICIPAL, TOWN AND COUNTY HIGHWAYS**

Please locate your local government official by visiting: www.dot.wi.gov/business/ag/permits.htm

or if you have any questions please call: **(608) 266-7320.**

Hours are Monday through Friday 7:45 a.m. to 4:30 p.m.