



Iowa Department of Transportation

ONE STOP PERMIT

(Valid For One Power Unit Only)

Permit No. \_\_\_\_\_

Permit Issued By: Office of Motor Carrier Services  
Iowa Department of Transportation  
Park Fair Mall, 100 Euclid Ave.  
P.O. Box 10382  
Des Moines, Iowa 50306-0382 (515) 237-3264  
Fax No. (515)237-3257

- OTC
- CCIS
- Xero Fax
- Self-issue
- Transceiver
- Transcom
- Co. Fax

Send To <b>KEOKUK COUNTY HIGHWAY DEPT 641-622-2610</b>	Date	Fax Number
Address <b>101 SOUTH MAIN ST SIGOURNEY IOWA 52591 FAX: 641-622-3637</b>		Check/Cash/Charge/VC

<input type="checkbox"/> Single Trip \$ _____	<input type="checkbox"/> SME for Mobile Home \$ _____	<input type="checkbox"/> Travel Authority # _____
<input type="checkbox"/> Annual \$ _____	<input type="checkbox"/> Weight Increase \$ _____	<input type="checkbox"/> Exempt _____
<input type="checkbox"/> All Systems \$ _____	<input type="checkbox"/> Hunters \$ _____	<input type="checkbox"/> Regulated _____
<input type="checkbox"/> SME \$ _____	<input type="checkbox"/> Soil Conservation \$ _____	<input type="checkbox"/> Fee Receipt \$ _____ # _____
<input type="checkbox"/> Bridge Exempt \$ _____	<input type="checkbox"/> Mailing Fee \$ _____	<input type="checkbox"/> truck <input type="checkbox"/> tractor <input type="checkbox"/> L.C.
<input type="checkbox"/> Revision (No. chg.)	<b>Total State Fee Collected</b> _____	<input type="checkbox"/> Annual Route Approval Permit # _____
		Expiration Date _____

Issued To	
Address	City/State/Zip
Mobile Home Destination Address	Mobile Home - Owner's Name
	Title No.
Power Unit Year & Make	Power Unit License No. & State
	Power Unit License Class
	Trailer Make
	Trailer License No. & State
Object or Load	Serial No.
	S.M.E. Plate No.
	<input type="checkbox"/> Towaway <input type="checkbox"/> Self-Propelled
Overall Length	Width
	Height
	Total Weight
	Trailer Length
	Load Length
	Projections Front _____ Rear _____
Axle Weights	Single
	Tandem
	Triple
	Quad
Axle Spacing	
Trip from	Trip to
Routes	

**GENERAL REQUIREMENTS:**

<input type="checkbox"/> Civilian front escort	<input type="checkbox"/> With mounted height pole	<input type="checkbox"/> Civilian rear escort	<input type="checkbox"/> Amber revolving light/strobe light with 360° visibility
<input type="checkbox"/> Required on Highway _____	<input type="checkbox"/> Required entire route		
<input type="checkbox"/> Law enforcement escort	<input type="checkbox"/> Front	<input type="checkbox"/> Rear	
<input type="checkbox"/> On interstate or four-lane highway amber revolving light or strobe light is required on rear of factory built structure or mobile home and on toting vehicle. Front escort required on two-lane primary highway.			
<input type="checkbox"/> SME plate must be displayed			
<input type="checkbox"/> Overdimensional signs and flags must be displayed.			
<input type="checkbox"/> Centerline all bridges on primary at 5 mph. Interstate at 40 mph.			
<input type="checkbox"/> Centerline all bridges at normal speed or travel in normal lane on bridges at 5 mph. Interstate at 40 mph.			
<input type="checkbox"/> Load must slow or stop when necessary to avoid approaching traffic when centerlining.			
<input checked="" type="checkbox"/> Hazardous materials must be transported in compliance with applicable federal regulations.			
<input type="checkbox"/> Run around clearance on route # _____ <input type="checkbox"/> Run marked detour on route # _____			
<input type="checkbox"/> Special Requirement _____			

Speed limit max 45 mph primary/55 mph interstate. Minimum 40 mph interstate.  
 Must carry copy of permit and general provisions dated 5/95 and comply with them.  
 Utility & power line crews required  
 Road must be clear of ice and snow and visibility must be at least 1/4 mile  
 No movement allowed on I-235 (Des Moines) weekdays from 7 a.m. to 9 a.m. and 4 p.m. to 6 p.m.  
 Necessary city and/or county permits must be obtained separately.  
 Round Trip - Return by reverse route within same five days

Valid Dates _____	<input type="checkbox"/> Sunrise to Sunset	<input type="checkbox"/> Continuous
Requested By _____	Phone No. _____	Permit Officer _____

Disclosure Statement: The information furnished on this application will be used by the Department of Transportation to prepare and issue permits. All information applicable to a given permit is required and is public information. Failure to complete the application as required will result in denial of permit. Permit issuing authorities will not be responsible for any damages that are the result of the move. The State of Iowa, the Iowa Department of Transportation, and any other permit issuing authority assume no responsibility for the property of the permit holder.