



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](#)
2. Axle weight limits [s.348.15\(3\)\(b\), Wis. Stats](#)
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/default.aspx>

Permit must be carried in the vehicle authorized in either printed or electronic format [s.348.28\(1\)\(b\), Wis. Stats](#).

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 <i>(enter name of vehicle owner or vehicle lessee – name of business if applicable)</i>	
Contact Name	(Area Code) Telephone Number
Street Address	Email Address
City, State, ZIP Code	Permit Number <i>(completed by Maintaining Authority)</i>

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)

