NO FEE PERMIT APPLICATION FOR AGRICULTURAL COMMERCIAL VEHICLES (Ag CMV) – Local Government
Wisconsin Department of Transportation
MV2583  9/2014

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 Limits s.348.15(3)(g), Wis. Stats.
   OR
   b. Gross Vehicle or Vehicle Combination Weight Limitations s.348.15(3)(g), Wis. Stats.
   OR

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. s.348.08, 1 (d) Wis. Stats.

Except no overall length limitation when operated on a designated highway per trans 276.07 Wisconsin Administrative code and 65 feet highways listed in trans 276.05

Submit completed form MV2583 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.

☐ Amendment to an Issued Permit. This application is an amendment to permit number: _____

The maintaining authority reviews all applications and amendments promptly, and must within 5 business days approve or deny amendments to a permit applicant’s name, address, or contact information. If a change to the applicant’s address requires a change to the listing or map of highways traveled, those changes may be made with the amendment.

Note: No Permit is required for an Ag CMV (only applies to weight) as described in 340.01(10)(a)1.b. traveling for delivery, service or repair of an Ag-CMV by dealer or farmer within 75-mile radius.

SECTION 1

| 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 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)
NO FEE PERMIT APPLICATION FOR AGRICULTURAL COMMERCIAL VEHICLES (Ag CMV) –
Local Government (continued)
Wisconsin Department of Transportation MV2583

PART B

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

<table>
<thead>
<tr>
<th>Power Unit – Make</th>
<th>Power Unit – Model Number</th>
<th>Power Unit – Description</th>
<th>Power Unit – Number</th>
</tr>
</thead>
</table>

Power Unit – Type (choose only one)

- Vehicle or vehicle combination a **Category B type according to s.340.01(24)(a)1.b., Wis. Stats.**
- **Agricultural Commercial Motor Vehicle (Ag CMV)**

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

<table>
<thead>
<tr>
<th>Make</th>
<th>Model Number</th>
<th>Description</th>
</tr>
</thead>
</table>

1. **Overall Length**
   - Single Ag CMV Vehicle Length: _____ feet.
   - **OR**
     - Length of the Ag CMV Vehicle Combination: _____ feet.

   If applying for a permit for an Ag CMV vehicle or an Ag CMV vehicle combination that will be over length but not overweight, see: **s.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 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.

<table>
<thead>
<tr>
<th>Frequency</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Trips per Day: _____ AND Weeks of Operation: _____</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Time of Year – Season</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Spring ☐ Summer ☐ Fall ☐ Winter</td>
</tr>
</tbody>
</table>

**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.**
PART C – Permit ID

1. Entered by Maintaining Authority – Part C & D

| Permit Authority – Name of Issuing Official | Application Received Date (m/d/yyyy) |
| Permit Authority – Jurisdiction | Effective Date (m/d/yyyy) |
| Applicant / Business Name (from Section 1) | Expiration Date (m/d/yyyy) |

Approval (check one)

☐ Approved as Submitted
☐ Approved with Operating Conditions. List conditions:

☐ Not Approved. Reason:

2. Approved Alternate Route

If the route of an application for an Ag CMV 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. Route Amendment. (See amendment description on page 1)

| New Route | Permit Number to be Amended: |
| Operating Conditions Changes. List conditions: | Amended Permit Number |
| Amendment Request Received Date (m/d/yyyy) | Effective Date (m/d/yyyy) |
| Expiration Date (m/d/yyyy) |

PART E – To Apply

► For an 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.