

# TRANSPORT PERMIT APPLICATION

PLEASE REFER TO RULES AND REGULATIONS PERTAINING TO TRANSPORT PERMITS FOR THE MOVEMENT OF EXTRA-LEGAL VEHICLES OR LOADS AVAILABLE ON-LINE AT [www.co.rio-blanco.co.us](http://www.co.rio-blanco.co.us) OR AT MEEKER AND RANGELY OFFICES.

## RIO BLANCO COUNTY ROAD AND BRIDGE DIVISION

570 Second Street Meeker, CO 81641

**Meeker District: Ph. (970) 878-9590 Fax (970) 878-3396**

**Rangely District: Ph. (970) 878-9595 Fax (970) 675-8646**

**ON WEEKENDS FAX APPL. TO:**

**SHERIFF'S OFFICE (970) 878-3127**

in addition to District Office.

|   |  |  |
|---|--|--|
| <input type="checkbox"/> Single Trip Oversize/Overweight  | <input type="checkbox"/> Single Trip Oversize only   | <input type="checkbox"/> Special (Chapter 6)                     |
| <input type="checkbox"/> Annual Oversize*                 | <input type="checkbox"/> Annual Oversize/Overweight* |  |
| <b>Associated Fees:</b>                                   |  |  |
| Single Trip Oversize \$15                                 | Annual Oversize \$250                                | Special Permit \$65 or actual R & B costs, whichever is greater. |
| Single Trip Overweight \$15 plus \$5/axle                 | Annual Oversize/Overweight \$400                     |  |
| <b>Permittee shall be billed upon issuance of permit.</b> |  |  |

**How should we send the permit to you:**

E-mail Permit to (preferred): \_\_\_\_\_  Fax Permit To: \_\_\_\_\_

Mail Permit To: \_\_\_\_\_

|  |   |
|--|---|
| Shipment Consists Of: _____            |   |
| From (Town): _____                     | To (facility or address): _____             |
| Using State Hwy: _____                 |   |
| Over County Roads: _____               | On the following dates: _____               |
| Fleet Unit # (if applicable): _____    | Serial Number: <b>Mobile Home Use Only:</b> |
| Year & Make of Vehicle: _____          | Tax Authentication:                         |
| Vehicle VIN (Last 8 characters): _____ | County being moved from:                    |

**Single Trip Axle Weight and Length Distribution:**

|         |           |           |           |           |           |           |                   |
|---------|-----------|-----------|-----------|-----------|-----------|-----------|-------------------|
| Lbs.    | [ _____ ] | [ _____ ] | [ _____ ] | [ _____ ] | [ _____ ] | [ _____ ] | [ _____ ]         |
| Ft'-in" | 1 _____   | 2 _____   | 3 _____   | 4 _____   | 5 _____   | 6 _____   | 7 _____ 8 _____   |
| Lbs.    | [ _____ ] | [ _____ ] | [ _____ ] | [ _____ ] | [ _____ ] | [ _____ ] | [ _____ ]         |
| Ft'-in" | 9 _____   | 10 _____  | 11 _____  | 12 _____  | 13 _____  | 14 _____  | 15 _____ 16 _____ |

|   |                  |                              |                 |                 |
|---|------------------|------------------------------|-----------------|-----------------|
| Gross Weight:   | No. of axles:    | Distance first to last axle: | Overall Length: | Trailer Length: |
| Width:  | Height (actual): | Front Overhang:              | Rear Overhang:  |                 |
| Applicant and/or Company Name:  |                  |                              | Telephone:      |                 |
| Applicant Billing Address (print Street/P.O. Box, City, State, Zip):  |                  |                              |                 |                 |
| I declare under penalty of perjury in the second degree, and any other applicable state or federal laws, that the statements made on this document are true and complete to the best of my knowledge. I agree to remit payment upon receipt of invoice. |                  |                              |                 |                 |
| Applicant Signature (Required)  |                  |                              | Date            |                 |

Office Use Only: Restrictions: \_\_\_\_\_ Supvsr. Signature: \_\_\_\_\_

FEE: \_\_\_\_\_