

MISSOURI DEPARTMENT OF TRANSPORTATION MOTOR CARRIER SERVICES 830 MoDOT DR., P.O. BOX 270 JEFFERSON CITY, MO 65102-0893

APPLICATION FOR BLANKET PERMIT

PHONE: (800) 877-8499 FAX: (573) 751-7408 EMAIL ADDRESS: contactmcs@modot.mo.gov

EMILIER	Lbb. contactines c in	odot.mo.gov	For official use	only District	Number	Permit Numb	er			initials		
General Information												
USDOT#	Contact Person	Contact Person					Contact Telephone Number					
Escrow Account Number Payment Method - Escrow				Account				☐ Discover ☐ American Express				
Legal Name of Applicant					Federal Identif	ication Numbe	er					
DBA Name					Social Security Number							
□ Private or □ For Hire						☐ Interstate Carrier ☐ Intrastate Carrier ☐ or Both						
Insurance Company Name and Policy Number						Expir	Insurance amount ☐ \$750,000 ☐ \$2,000,000					
Physical Address				City	City					Zip Code		
Mailing Address				City				Zip Code				
Email Address				Telephone Number			Fax Number		<u>I</u>			
Start Date	Send Permit Ho	Send Permit How? Fax Number			Email			Mail				
Permit Fees – Prorate by	y Quarter											
	Up to 12'4" wie Legal Weight		tiple Commod Legal Weight	-	Mile Radius egal Weight	Emerge	Emergency Response		Water Well Drill Rig Concrete Pump			
January – December	\$128.00		\$400.00		\$128.00	9	\$624.00		\$300.00			
April – December	\$ 96.00		\$300.00		\$ 96.00		\$468.00		\$225.00			
July – December	\$ 64.00		\$200.00		\$ 64.00		\$312.00		\$150.00			
October – December	\$ 32.00		\$100.00		\$ 32.00		\$156.00		\$ 75.00			
Power Unit Information												
☐ Toter ☐ Truck ☐ Truck-Tr	License Number		State	VIN			Year	Make				
Do you want to revise a cu There	irrent year permit? is a \$2.00 Fee	□ Yes □		ginal permit tion number			Origina	l License Nu	mber			

Application for Blanket Permit Continued

Blanket permits are only avai See section (7) of the Overdim						Other r	estrict	ions ma	y apply.						
Check appropriate box for each	type of blanket	permit you aı	re request	ting:											
☐ Manufactured Home ☐ Hay				□ Sludge Applicator											
□ Modular Homes □ Pipes				☐ Implement of Husbandry											
☐ Mod/Mob Home Frames	□ Poles				□100 Mile Radius – for Farmers and Farm Implement Dealers – up to 14'6" wide										
☐ Construction Equipment	onstruction Equipment				☐ Multiple Commodity										
☐ Farm Equipment	Farm Equipment			□ Well Drill Rig (overdimension only)											
☐ Like Object (i.e. boat, trusses, portable	building) Enter Des	cription:	•												
☐ LCV – Longer Combination Vehicle (o	nly allowed to move w	ithin 20 miles of we	estern border)	Route:											
☐ Emergency Response – enter ind Axle Weight	ividual axle weig	hts and spacing	gs:												
1 2 3	4	5		6	7	1	8	3	9	Total Weight		eight eight			
Axle Spacings – distance center to cent		1 405		7 0 <		-				0.0	b . 1 . 1	a :			
1 & 2 2 & 3 Feet Inches Feet Inches	3 & 4 Feet Inches	4 & 5 Feet Inc		5 & 6 t Inches	6 & Feet	Inches	Feet	& 8 Inches	Feet	& 9 Inches	1 0				
											_				
If under own power provide the following	ng information:	Descrip	otion		Year	Ma	ake			Serial	Number				
□ Water Well Drill Rig □ Concrete Pump Make				Serial Number Over					Overall Wi	Vidth Overall Ler		all Length			
enter individual axle weights and Axle Weight								F	eet	Inches	Feet	Inches			
1 2	3	4		5		6			7		Total Wei	ght			
Axle Spacings – distance center to									T		h				
1 & 2 Feet Inches Feet	2 & 3 3 & 4 et Inches Feet I		Inches	Feet 4 8	Inches	5 & 6 Feet Incl		Inches	Feet	5 & 7 Inche		Total Axle Spacings			
Teet menes Teet	menes	Teet	menes	Teet	menes			menes	T CCC	mene	3				
Certification I DECLARE UNDER THE PENALT true and correct, that I am authorized to															
Name (printed)										Date					
Signature										Title					



INSTRUCTIONS FOR COMPLETING A BLANKET PERMIT APPLICATION

General Information

USDOT #: Enter your U.S. Department of Transportation Number. If your operation does not require a USDOT number, enter "XX". If you don't know if a USDOT number is required, call the FMCSA at 573-636-3246 or visit www.safersys.org

Contact Person: Enter the name of the person we can call with questions about the application.

Contact Telephone Number: Enter the contact person's telephone number.

Account Number: Enter the account number assigned to you by MoDOT Motor Carrier Services.

Payment Type: Check a box for escrow account, cash, check or specific credit card. If using a credit card, for security reasons, do not write the card number on the application. A MoDOT employee will contact you for the information verbally.

Legal Name: Enter your legal name.

NOTE: If you have a MoDOT account number or ordered a permit in the past six months, skip to the **Start Date** section.

DBA Name: If your business is a sole proprietorship and you are doing business with a fictitious name, enter your business name. If you are a Missouri-based carrier, you must register this name with the Secretary of State office. You may contact the SOS office by calling 866-223-6535 or visiting www.sos.mo.gov.

Federal Identification/Social Security Number: Enter your FEIN if applicable. If not, enter your social security number. State law requires FEIN or Social Security Numbers of sole proprietorships. You must provide a FEIN or Social Security Number to obtain a permit.

Customer Type: Check one box. Private or For Hire.

Check one box. Interstate Carrier, Intrastate Carrier or Both.

Insurance Information: Insurance Company Name, Policy Number, Expiration Date and amount of coverage (check one box).

Physical Address: Enter the address of your principal place of business.

Mailing Address: Enter your mailing address if it is different from the physical address.

Start Date: Enter the date you want your permit to start.

Send Permit How?: Enter the fax number, mailing address, and/or the e-mail address where you want the permit delivered.

Vehicle Information

Power Unit: Enter the license number, state it is licensed in, complete vehicle identification number, year and make. Check one box for power unit type. Examples follow:



(used primarily for manufactured homes)



Truck-Tractor

Revision: If you want to revise a current year permit, check *yes* and provide the original permit or application number and original license number, otherwise check *no*.

Page 2 – Check the appropriate box for each type of blanket permit you are requesting.

Emergency Response: If under own power, enter serial number and the serial number.

Individual Axle Weights: Enter weights for each axle in pounds.

Axle Space: Enter each individual axle spacing in feet and inches.

Water Well Drill Rig or Concrete Pump Truck: Check appropriate box. Enter make, serial number, overall width and length.

Individual Axle Weights: Enter weights for each axle in pounds.

Axle Space: Enter each individual axle spacings in feet and inches.

Certification: Print your name and the date of application. Sign the form and provide your business title, (i.e. president, owner or partner).