

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

	ob. contactines e mot	For official use	only District Number	r Pern	nit Number		initials					
General Information												
USDOT#	Contact Person				none Number							
Escrow Account Number	Pa	nyment Method - ☐ Escrow A	Account	nt □ Check □ MasterCard □ Visa □ Discover □ Americ								
Legal Name of Applicant			Fede	ral Identification	n Number							
DBA Name			Socia	Social Security Number								
☐ Private or ☐ For Hire			□ In	☐ Interstate Carrier ☐ Intrastate Carrier ☐ or Both								
Physical Address			City	State	Zip Code							
Mailing Address			City	State	Zip Code							
Email Address			Telephone Number		Fax Number	Fax Number						
Start Date	Send Permit How?	Fax Number	Email		1							
Financial Responsibility												
Minimum Limits of Combined Singl	e Limit Automobile Lia	ability: \$750,000										
By submitting this application, the po		e insurance coverage will be in	n effect during all the	applicant's ope	erations authorized under th	nis permit.						
Permit Fees – Prorate by												
	Up to 12'6" wide Legal Weight Multiple C Legal V		lity 100 Mile Legal V	I H	Emergency Response		Water Well Drill Rig/ Concrete Pump/Crane					
January – December	\$128.00	\$400.00	\$128	.00	\$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-Trace	License Number	State	VIN			ake						
Do you want to revise a cur There is	rent year permit? Is a \$2.00 Fee	, ,	ginal permit tion number		Original Lice	nse Number						

Application for Blanket Permit Continued

Blanket pe See section											adius).	Other 1	estric	tions m	ay ap	ply.					
Check appr	Check appropriate box for each type of blanket permit you are requesting:																				
☐ Manufactured Home ☐ Hay								☐ Sludge Applicator													
☐ Modular Homes ☐ Pipes								☐ Implement of Husbandry													
□ Mod/Mob H	Mod/Mob Home Frames □ Poles								□100 Mile Radius – for Farmers and Farm Implement Dealers – up to 14'6" wide												
☐ Construction Equipment ☐ Beams								☐ Multiple Commodity													
☐ Farm Equipment ☐ Poles (Utility Co. /Co-ops, etc)						etc)		☐ Well Drill Rig (overdimension only)													
☐ Like Object	(i.e. bo	oat, trusse	s, portable	buildii	ng) E i	nter Desc	cription:														
□ LCV – Long	ger Cor	nbination	Vehicle (o	only allo	owed to	move wi	thin 20 mile	es of western	border) F	Route:											
□ Emergenc Axle Weig		sponse –	enter ind	lividu	al ax	le weigh	nts and sp	pacings:													
1	2		3	4				5		6		7	8		9			Total	Total Weight		
Axle Spacing	gs — dis			ter bet				0. 5	1 ,	- 0 6		0.7	1	7.00		0.0	0	m . 1 A	1.0	•	
	1 & 2 2 & 3 Feet Inches Feet Inches			3 & 4 Feet Inches Fe		Feet	4 & 5 Feet Inches Fe		5 & 6 Inches	Feet	& 7 Inches	7 & 8 iches Feet In		es Feet Inc		Inches	Total Ax	tie Spaci	ings		
If under own p	ower j	provide tl	he followi	ng info	ormat	on:	I	Description	I	I	Yea	r M	ake	I	l	ı	Serial	Number			
Make								Serial Number Over						all Wid	Vidth Overall Len			igth			
□ Water Well Drill Rig □ Concrete Pump □ Crane Enter individual axle weights and spacings Axle Weight													Iı	nches	Feet		Inches				
1	2 3			4			5		6			7			Total Weight						
Axle Spacin		listance	center to			ween ax	les														
Feet	1 & 2 Feet Inches Feet		Feet	2 & 3 Inches Fe			Feet	3 & 4 eet Inches		Feet		Inches F		5 & 6 eet Inches		Feet			Total Axle Spacings		
Teet		iches	1 000		III	ones .	1000	Inci	ies	1 000	menes		,ct	menes		cci	Inche	3			
Certification I DECLARE true and corre	UNDI																				
Name (printed)												Date									
Signature											7	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)





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).