

**Kanabec County Highway Department**  
**903 Forest Avenue East, Mora, MN 55051**  
**Phone: 320-679-6300 Fax: 320-679-6304**

**Part A: Mover Information**

Movers Name:	Owner of Load: (if different)
Address:	Phone Number:
Applicants Signature:	Contact Person:

**Part B: Towing Vehicle**

**Part C: Towed Equipment**

<input type="checkbox"/> Truck <input type="checkbox"/> Truck-Tractor <input type="checkbox"/> _____		<input type="checkbox"/> Trailer <input type="checkbox"/> Trailed Equipment <input type="checkbox"/> _____	
Model/Make:	License #	Make/Model:	License #
Registered Weight:	Empty Weight:	Registered Weight:	Empty Weight:

**Part D: Load Information**

Object or Material:	Size/Model:	Load Weight:											
		Total Empty Weight: _____ Total Weight: _____ Overall Dimensions: _____											
Axle Spacing	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>												Height                      Ft                      Inches
Axle Operating Weights	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>												Length                      Ft                      Inches
		Width                      Ft                      Inches											

**Part E: Movement Information**

Movement From:	Movement To: (Address Required)
Planned Route	
Movement Dates:	Movement Hours:

**Part F: Authorization (to be completed by Kanabec County Highway Department)**

Special Requirements:	Permit Number: (void without" Affixed permit Number") <hr/> Permit Fees: Standard Fee <b>25.00</b> Overage Fee: Total Permit Fee:
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Permission for this movement is hereby granted. Subject to compliance with the provisions of the Minnesota Highway Traffic Regulation Act and under the terms, conditions, and restriction contained below and is subject to revocation upon non-compliance. (dimensions that exceed legal limitations and/or total weight must be given)(subject to adverse road and weather conditions)

\_\_\_\_\_  
 Authorized Signature

\_\_\_\_\_  
 date