

# NO FEE PERMIT APPLICATION FOR AGRICULTURAL COMMERCIAL VEHICLES (Ag CMV) – Local Government

Wisconsin Department of Transportation  
MV2583 2/2015

## 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.](#)

This permit should be used by an **owner or lessee of an Agricultural Motor Vehicle (Ag CMV)** for permission to operate an Ag CMV on **town, city, village or county roads** because the Ag CMV **exceeds**:

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.](#)
  - d. Except no overall length limitation when operated on a designated highway per Trans 276.07, Wisconsin Administrative Code (WAC) and 65 feet highways listed in Trans 276.05,WAC.

Submit a completed form to each maintaining authority or designee that is responsible for the highway on which you're requesting permission to exceed the above limits. Listings and contact information are available for maintaining authorities or designees at: [www.wisconsin.gov/business/ag/permits.htm](http://www.wisconsin.gov/business/ag/permits.htm)

**Note:** No overweight permit is required for an Ag CMV as described in s.340.01(10), Wis. Stats. traveling for delivery, service or repair of Ag CMV by dealer or farmer within 75-mile radius.

## PART A – Applicant and Routes

### SECTION 1 – Applicant Information

Applicant Name and Business Name <i>(enter name of individual or company owner or lessee operating the vehicle)</i>	
Contact Name	(Area Code) Telephone Number
Street Address	Email Address
City, State, ZIP Code	County

#### Check one:

- This is an original application for a consecutive month permit.**
- This is an original application for an annual permit.**
- This is a request to amend Part A for an issued permit.** If this is an application to amend information in Part A that is part of an issued permit, then check the box and enter the permit number you seek to amend: \_\_\_\_\_

### 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:

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### SECTION 3 – Signature of Applicant

**X**

(Signature of Permit Applicant – electronic signature – Brush Script font)

(Date – m/d/yyyy)



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Local Government** (continued) Wisconsin Department of Transportation MV2583

**PART C – Ag CMV No Fee Permit** (ALL Information Entered by Maintaining Authority)

**SECTION 1 – Ag CMV No Fee Permit**

Applicant / Business Name (from Section 1)		Permit Number
Maintaining Authority	County of Maintaining Authority	Application Received Date (m/d/yyyy)
Maintaining Authority Contact Person		Effective Date (m/d/yyyy)
(Area Code) Telephone Number		Expiration Date (m/d/yyyy)
Signature of Maintaining Authority <b>X</b>		Date (m/d/yyyy)
Approval (check one) <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved with Operating Conditions. List conditions:		
<input type="checkbox"/> Not Approved. Reason:		

**SECTION 2 – Approved Amendment to Ag CMV No Fee Permit**  
(see amendment description on page 1)

		Permit Number to be Amended
Change to Part A	Amendment Request Received Date (m/d/yyyy)	
Amended Operating Conditions. List conditions:		Amended Permit Number
		Effective Date (m/d/yyyy)
Maintaining Authority Contact Person		Expiration Date (m/d/yyyy)
Signature of Maintaining Authority <b>X</b>		Date (m/d/yyyy)