

CITY OF DIXON
OVERSIZE/OVERWEIGHT VEHICLE PERMIT

121 W. 2nd St.
Dixon, Illinois 61021
Telephone: (815) 288-1485
Fax: (815) 288-5945



PERMIT NO. _____

COMPANY NAME		COMPANY ADDRESS		
COMPANY TELEPHONE #	COMPANY FAX #		INSURANCE COMPANY	
IS MOVE FOR HIRE? <input type="checkbox"/> YES <input type="checkbox"/> NO		POLICY NUMBER		
IF FOR HIRE, ICC NUMBER				
IDOT CLASS	LICENSE NO. (TRACTOR & TRAILER)		TYPE OF PERMIT <input type="checkbox"/> OVERSIZE <input type="checkbox"/> OVERWEIGHT <input type="checkbox"/> BOTH	
DESCRIPTION OF VEHICLE AND OBJECT TO BE MOVED INCLUDE MAKE AND MODEL OR SERIAL NUMBER				
HOUSETRAILER/MODULAR SECTION SERIAL NO.		NUMBER OF AXLES	GROSS WEIGHT	
WIDTH	LENGTH	HEIGHT	KIND OF TRIP <input type="checkbox"/> SINGLE <input type="checkbox"/> ROUND <input type="checkbox"/> LIMITED REPEATED	
DATE(S) OF MOVEMENT(S):		ORIGIN (BE SPECIFIC):	DESTINATION (BE SPECIFIC)	
OVER ROUTES (INCLUDE ALL ROUTES WITHIN THE CITY WHETHER OR NOT THEY ARE CITY ROADS):				
I CERTIFY THAT I HAVE READ THE FOREGOING AND THAT ALL STATEMENTS AND INFORMATION CONTAINED HEREIN ARE TRUE AND CORRECT. FURTHERMORE, I HAVE READ AND AGREE TO ABIDE BY THE "CONDITIONS OF INSURANCE".				
_____ SIGNATURE OF APPLICANT			_____ DATE	

THIS SECTION IS FOR OFFICE PERSONNEL

ESCORT REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO	EFFECTIVE DATE	EXPIRATION DATE	AMOUNT OF FEE	DATE PAID
THIS PERMIT AUTHORIZES THE MOVEMENT OF THE VEHICLE OF COMBINATION OF VEHICLES, PLUS THE LOAD THEREON AS DESCRIBED ABOVE, NOT TO EXCEED THE DIMENSIONS LISTED ABOVE AND NOT TO EXCEED THE GROSS WEIGHT AND AXLE WEIGHTS AS LISTED ABOVE, AND IN CONFORMANCE TO THE "CONDITIONS OF ISSUANCE". THIS PERMIT IS VALID ONLY FOR THE TIME PERIOD INDICATED.				
_____ SIGNATURE OF CITY ADMINISTRATOR			_____ DATE	
SPECIAL CONDITION:				

THIS PERMIT IS NOT VALID FOR OVERSIZED LOADS IN CONSTRUCTION ZONES WHERE THERE ARE RESTRICTED DIMENSIONS WHICH ARE LESS THAN THE DIMENSIONS PERMITTED.