

SINGLE-TRIP TRANSPORT PERMIT APPLICATION

Note: Applications submitted after 3:00 P.M. may not be processed until the next business day. Permits are not processed Saturday, Sunday or Holidays.

Extra-legal loads travelling on Rio Blanco County Roads are regulated by: ["Rules and Regulations pertaining to Transport Permits for the Movement of Extra-Legal Vehicles or Loads"](#) available online at www.rbc.us or at the Meeker or Rangely R & B Offices.

All fields are required unless indicated.

Type:	
<input type="checkbox"/> Single Trip Oversize/Overweight \$15 plus \$5/axle	<input type="checkbox"/> Single Trip Oversize only \$15
<input type="checkbox"/> Special (Chapter 6) See Regulations & Map for dimensions/weights that qualify. Greater of \$65 or actual R & B costs.	
Permittee shall be billed upon issuance of permit.	
How should we send the permit to you:	
<input type="checkbox"/> E-mail Permit to (preferred):	<input type="checkbox"/> Fax Permit To: _____ You will Pickup: <input type="checkbox"/>
Shipment:	
Shipment Consists Of (required): _____	Your Unit No. (optional): _____
Route:	
From: _____ Using State Hwy: _____	To facility or address: _____
Over County Roads : _____	
On the following date: (Permit will be good for 5 days.) Click here to enter a date.	Mobile Home Use Only: Serial Number: _____
Power Unit:	
Year: _____ Make: _____	Tax Authentication: _____
Vehicle VIN (Last 8 characters) :	County being moved from: _____
Dimensions: (DO NOT USE THE WORD "LEGAL" WHEN DESCRIBING DIMENSIONS - NEED ACTUAL)	
Width: _____ Feet _____ Inches Overall Length: _____ Feet _____ Inches Height: _____ Feet _____ Inches	
Trailer Length: _____ Feet _____ Inches Distance first to last axle: _____ Feet _____ Inches	
Front Overhang: _____ Feet _____ Inches Rear Overhang: _____ Feet _____ Inches	
Weight and Axles: (DO NOT USE THE WORD "LEGAL" WHEN DESCRIBING WEIGHT - NEED ACTUAL)	
Axle Weights:	Gross Weight (calculated): _____ pounds Number of Axles: _____
Lbs. 1 [_____] 2 [_____] 3 [_____] 4 [_____] 5 [_____] 6 [_____] 7 [_____] 8 [_____]	
Distance between Axles in Ft'-in" 1- _____ ' _____ " -2- _____ ' _____ " -3- _____ ' _____ " -4- _____ ' _____ " -5- _____ ' _____ " -6- _____ ' _____ " -7- _____ ' _____ " -8	
Lbs. 9 [_____] 10 [_____] 11 [_____] 12 [_____] 13 [_____] 14 [_____] 15 [_____] 16 [_____]	
Dist. between Axles in Ft'-in" 8- _____ ' _____ " -9- _____ ' _____ " -10- _____ ' _____ " -11- _____ ' _____ " -12- _____ ' _____ " -13- _____ ' _____ " -14- _____ ' _____ " -15	
Applicant:	
Company Name: _____ Rep. Name (Printed): _____ Phone Number: _____	
Billing Address (Mailing address/City/State/Zip): _____	
I declare I am an authorized representative of the company and under penalty of perjury in the second degree, and any other applicable state or federal laws, the statements made on this document are true and complete to the best of my knowledge. I agree to remit payment upon receipt of invoice.	
Applicant Signature: _____	Date: _____
For Office Use:	
Restrictions: _____	Spvsr: _____ Fee: _____