



APPLICATIONS WILL NOT BE PROCESSED WITH INCOMPLETE INFORMATION.

1. Visa Mastercard

Credit Card No. _____ Exp. Date _____

or

Account No. **311**

For Office Use Only	
Permit No.	_____
Amount \$	_____

2. Permittee **Budrovich Contracting**

3. Attention or Work Order (Optional)	4. Is Move for Hire? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5. Type of Permit <input type="checkbox"/> Single Trip <input checked="" type="checkbox"/> Round Trip
6. IDT Class		7A. Method of Movement <input type="checkbox"/> Loaded <input type="checkbox"/> Towed <input checked="" type="checkbox"/> Own Power

7. License No.	State MO
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8. Manufacturer / Model Number / Object being moved / Serial Number
Grovel/ GMK 5175/ Self propelled crane/ 8153

9. Mobile Home / Modular Section / Mobile Office Serial No.	10. Total No. of Axles 7	11. Total Weight 132,000#
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12. Axle Weights from Steer to Rearmost Axle
20,000#- 20,000#- 20,000#- 16,000#- 16,000#- 20,000#- 20,000#

13. Axle Spacings from Center to Center, Front to Rear
9'9" - 5'6" - 8'1" - 5'6" - 17'7" - 4'6"

14. Width 10'1"	15. Overall Length 72'	16. Height 12'1"	Origin of Load. (a State line or Town, City, etc. within Illinois) Missouri State Line
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Specific Junction if Not a State Line

Routes Only:

175Ton Outrigger Palled Out

Destination of Load (a State Line or Town, City, etc. within Illinois)	Fax Number 314-845-3607
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Effective Date of Movement	Number to Call if Problems 314-892-3030	Person Submitting Application Darren Jaycox
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REVISIONS OR EXTENSIONS ONLY

Revision:

Permit Number _____ Account _____ Company _____

Please Revise to Read _____

Fax Number if Different than Original _____

Extension: Account _____ Company _____

Please Extend Permit Number _____ New Effective Date _____

Fax Number if different than Original _____

Due to work load, inquiries about Superloads should not be made unless four hours have elapsed.

Call 217/782-6271 for information or to inquire about a submitted application.