



Illinois Department of Transportation

Please complete information and fax to: 217/782-3572

**Superloads Only
To Be Used for
Faxed Applications
(Type or use Black Ink)**

**APPLICATIONS WILL NOT BE PROCESSED
WITH INCOMPLETE INFORMATION.**

1. Visa Mastercard

Credit Card No. _____ Exp. Date _____
or
Account No. **00311**

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

2. Permittee **Budrovich Contracting Co.**

3. Attention or Work Order (Optional)	4. Is Move for Hire? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5. Type of Permit
	ICC No. _____	<input type="checkbox"/> Single Trip <input checked="" type="checkbox"/> Round Trip

6. IDT Class	7. License No. _____	State Mo	7A. Method of Movement <input type="checkbox"/> Loaded <input type="checkbox"/> Towed <input checked="" type="checkbox"/> Own Power
--------------	----------------------	-----------------	--

8. Manufacturer / Model Number / Object being moved / Serial Number
Grove/ GMK 4090/ Self Propelled Crane/ 9274

9. Mobile Home / Modular Section / Mobile Office Serial No.	10. Total No. of Axles 7	11. Total Weight 123,200#
---	------------------------------------	-------------------------------------

12. Axle Weights from Steer to Rearmost Axle
19,750#- 19,750#- 18,750#- 18,750#- 15,300#- 15,300#- 15,600#

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

14. Width 9'	15. Overall Length 70'	16. Height 13'1"	Origin of Load. (a State line or Town, City, etc. within Illinois) Missouri State Line
------------------------	----------------------------------	----------------------------	--

Specific Junction if Not a State Line
Routes Only:
90 Ton w/ 20,500# Cwt on Dolly

Destination of Load (a State Line or Town, City, etc. within Illinois)	Fax Number 314-892-6105
--	-----------------------------------

Effective Date of Movement	Number to Call if Problems 314-568-8256	Person Submitting Application Darren Jaycox
----------------------------	---	---

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.