



MURRAY COUNTY HIGHWAY DEPARTMENT

3051 20TH STREET
SLAYTON, MN 56172
WWW.MURRAY-COUNTYMN.COM

TELEPHONE: 507-836-6327
FAX: 507-836-8891
EMAIL: MCHD@CO.MURRAY.MN.US

SPECIAL AGRICULTURAL PRODUCTS PERMIT under Mn Statue 169.865

Six-axle truck (90,000# GVW) - \$300 permit fee required

Seven-axle truck (97,000# GVW) - \$500 permit fee required

(99,000# GVW during winter weight increase season)

- No overweight axles or axle groups on blacktop highways.
- The permit is not valid during spring road postings (on roadways posted less than 10 ton per axle).
- No overweight loads crossing any bridge or culvert unless a registered engineer verifies the structure will not be damaged (see sheet 3 of 3 for bridge and culvert locations). The applicant pays for the engineering study.

Instructions:

- Fill out the data on items 1 through 12 on sheet 2.
- Return sheet 2 and the map with your highlighted route to the following address:
Murray County Highway Department
3051 20th Street
Slayton, MN 56172
(507-836-6327)
(507-836-8891) Fax
mchd@co.murray.mn.us
- A preliminary review of your permit will be completed. If approved you will be contracted to submit the application fee.

Note: Your permit is not approved until the fee is received and you receive a signed copy.

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1. Indicate the product being hauled (must be raw or unprocessed agricultural products):

2. Indicate the roadway(s) on which this product will be hauled (include a map):

3. US DOT Number of the truck: _____
4. License Number of the truck: _____
5. Does the vehicle have operational brakes on all wheels? _____
6. Does the vehicle's manufacture's GVW rating meet the requested permit load? _____
7. Will you meet the single axle and group axle weight limitations? _____
8. Does the tire weight rating meet the requested load weights? _____
9. Does the axle weight rating meet the requested load weights? _____
10. Do you meet the requirement of Mn Statue 169.865? _____
11. Does the driver meet the requirements of Mn Statue 221.0314 (CDL requirements) _____
12. Indicate the permit you are applying for:
 - a. Six Axle: _____
 - b. Seven Axle: _____

I certify that the above information is true and correct to the best of my knowledge.

Applicant's name: _____
(Must be owner of towing vehicle or owner of load)

Applicant's signature: _____

Address: _____ Phone Number: _____

Upon receipt of the permit fee and signature of the County Highway Department below, permission for this movement is hereby granted subject to compliance with the provisions of the Minnesota Highway Traffic Regulation Act and under the terms, conditions, and restrictions contained on the attached sheets and is subject to revocation upon noncompliance.

Valid from: _____ to: _____
(mm/dd/yy) (mm/dd/yy)

MURRAY COUNTY HIGHWAY DEPARTMENT

Dated: _____
(County Engineer)

Permission for movement over roads other than Murray County Highways must be obtained from the proper road authority. This permit **does not** exempt the applicant from other driving or highway laws.

