



MISSOURI DEPARTMENT OF TRANSPORTATION
 MOTOR CARRIER SERVICES
 1320 CREEK TRAIL DRIVE, P.O. BOX 893
 JEFFERSON CITY, MO 65102-0893
 PHONE: (800) 877-8499
 www.modot.org/mcs

APPLICATION FOR HOUSE MOVE

General Information																									
USDOT #	Contact Person			Contact Phone Number																					
Customer Account Number	Payment Type - <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Escrow Account <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> American Express*																								
Legal Name of Applicant																									
DBA Name		Federal Identification Number		Social Security Number																					
Customer Type (check one)			Date Organized/Incorporated		Missouri Registration Number																				
<input type="checkbox"/> Sole Proprietorship – you must provide a Federal ID number or SSN above																									
<input type="checkbox"/> Partnership – you must provide a Federal ID number above																									
<input type="checkbox"/> Limited Partnership - you must provide a Federal ID number above																									
<input type="checkbox"/> Corporation – What State? you must provide a Federal ID number above																									
<input type="checkbox"/> Limited Liability Corporation – What State? you must provide a Federal ID number above																									
<input type="checkbox"/> Limited Liability Partnership - you must provide a Federal ID number above																									
Physical Address		City		State	Zip Code																				
Mailing Address		City		State	Zip Code																				
E-mail Address		Telephone Number		Fax Number																					
Start Date	Send Permit How?	Fax Number		E-mail																					
				Mail																					
Permit Cost - \$265.00																									
House Move License Number _____ House Mover License Number Expiration Date _____			Fax application to applicable MoDOT district office: <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">St. Joseph</td> <td style="width: 33%;">816-387-2359</td> <td style="width: 33%;">Chesterfield</td> <td style="width: 33%;">314-340-4508</td> </tr> <tr> <td>Macon</td> <td>660-385-6307</td> <td>Joplin</td> <td>417-629-3393</td> </tr> <tr> <td>Hannibal</td> <td>573-248-2555</td> <td>Springfield</td> <td>417-895-7714</td> </tr> <tr> <td>Lee's Summit</td> <td>816-622-0440</td> <td>Willow Springs</td> <td>417-469-4555</td> </tr> <tr> <td>Jefferson City</td> <td>573-522-1059</td> <td>Sikeston</td> <td>573-472-6591</td> </tr> </table>			St. Joseph	816-387-2359	Chesterfield	314-340-4508	Macon	660-385-6307	Joplin	417-629-3393	Hannibal	573-248-2555	Springfield	417-895-7714	Lee's Summit	816-622-0440	Willow Springs	417-469-4555	Jefferson City	573-522-1059	Sikeston	573-472-6591
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<i>For Official Use Only</i> <i>District Contact Information</i> _____																									

APPLICATION FOR HOUSE MOVE - CONTINUED

Load Information and Dimensions								
Description of Object to be Transported			Width		Length		Height	
	Feet	Inches	Feet	Inches	Feet	Inches	Feet	Inches
Vehicle Information								
Power Unit	License Number	State	VIN			Year	Make	
Hauling Unit			VIN			Year	Make	
Hauling Unit			VIN			Year	Make	
Overall Dimensions								
Overall Width		Overall Length			Overall Height			
Feet	Inches	Feet	Inches	Feet	Inches	Feet	Inches	
Route Information								
Coming From:								
Going To:								
Route:								
Emergency plan in the event of a breakdown. (Required for all moves)								
<p>If loaded height exceeds 17'5", must attach written documentation for all utility companies indicating approval to disturb aerial lines across the route. Documents shall include contact names and telephone numbers for each utility company.</p> <p>If loaded height exceeds 17'5", must attach a list of qualified contractors approved by MoDOT that will be hired to adjust, modify, remove and replace state owned property such as signal and sign mast arms, flashers, signs, etc.</p> <p>If you will need additional law enforcement for traffic control assistance, you must provide a list with contact names and telephone numbers.</p>								
<p>Completion of this application does not guarantee issuance of a permit. If any problems exist that may prevent the move from reaching its destination over the state highway system, the application will not be approved.</p> <p>Allow two (2) weeks to for a route evaluation.</p>								
Certification								
<p>I DECLARE UNDER THE PENALTY OF PERJURY under the laws of the State of Missouri and the United States of America that the foregoing information in the application is true and correct, that I am authorized to sign this application on behalf of applicant and that the signature below is my own true and correct signature made by me and no other person. If over 120' long, I attest that a representative from our company has physically driven the route to be used while traveling under permit and all turns, curves, etc. can be safely negotiated. I understand that if the Superload does encounter problems negotiating such, my company will be charged a new bridge study and permit fees and may result in the denial of future Superload applications. I also understand that failure to run survey will result in denial of this application.</p>								
Name (printed)						Date		
Signature						Title		

* Please do not provide your credit card number – MoDOT will contact you for that information.