



**TRANSPORTATION PERMIT**

IN COMPLIANCE WITH YOUR REQUEST AND SUBJECT TO ALL THE TERMS, CONDITIONS AND RESTRICTIONS WRITTEN BELOW AND IN THE ACCOMPANIMENTS, PERMISSION IS HEREBY GRANTED TO:

NAME: _____ ADDRESS: _____ CITY/STATE/ZIP: _____ OFFICE PHONE NUMBER <i>(Including Area Code)</i> : _____ OFFICE FAX NUMBER <i>(Including Area Code)</i> : _____ DESCRIPTION OF THE LOAD OR EQUIPMENT AND MODEL NO.: _____ <input type="checkbox"/> HAUL <input type="checkbox"/> DRIVE <input type="checkbox"/> TOW DIMENSIONS OF LOAD: _____ DESCRIPTION OF HAULING EQUIPMENT: _____	PERMIT VALID: FROM: _____ TO: _____ MOVEMENT AUTHORIZED: SATURDAY: _____ SUNDAY: _____ DARKNESS: _____ (CVC280): _____	PERMIT NUMBER: _____ PERMIT ACCOMPANIMENTS: <input checked="" type="checkbox"/> PILOT CAR REQUIREMENTS <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
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VEHICLE WIDTH:	SEMI-TRAILER LENGTH:	KINGPIN TO LAST AXLE:	COMB. VEHICLE LENGTH:						
AXLE NUMBER	1	2	3	4	5	6	7	8	9
NUMBER OF TIRES PER AXLE									
DISTANCE BETWEEN AXLES									
WIDTH OF AXLES AT TIRE SIDEWALL									
MAXIMUM ALLOWABLE WEIGHT									

**NOT TO EXCEED DIMENSIONS SHOWN BELOW OR AXLE WEIGHTS SHOWN ABOVE**

LOADED HEIGHT:	LOADED WIDTH:	LOADED OVERALL LENGTH:	LOADED OVERHANG:	WEIGHT CLASS:
ORIGIN:	DESTINATION:			

<b>AUTHORIZED CITY ROUTES - STATE AND/OR COUNTY PERMITS MAY BE REQUIRED</b>	<b>PERMIT VALID FOR POSTED TRUCK ROUTES ONLY</b> with local access for pickup/delivery according to Section 35703 of the CVC
PILOT CAR <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <b>***PILOT CAR REQUIRED ON LOADS EXCEEDING 12' WIDE</b>	
Pursuant to California Vehicle Code, Section 35780, this permit does NOT exempt the permittee from meeting the requirements set forth by the California Department of Transportation to operate extra-legal loads within the state right-of-way.	

CASH, CHARGE, CREDIT CARD OR EXEMPT INFORMATION			APPLICANT SIGNATURE		DATE
CREDIT CARD EXP. DATE	FEE \$	NUMBER OF TRIPS	AUTHORIZED CITY AGENT		DATE
REQUESTED ROUTE:					
APPLICANT CONTACT PERSON (PRINT)					