

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 (Including Area Code) _____ **OFFICE FAX NUMBER** (Including Area Code) _____

PERMIT VALID:

FROM: _____

TO: _____

MOVEMENT AUTHORIZED:

SATURDAY: _____

SUNDAY: _____

DARKNESS (CVC280): _____

PERMIT NUMBER _____

THIS PERMIT IS NOT VALID WITHOUT THE FOLLOWING ACCOMPANIMENTS:

DESCRIPTION OF THE LOAD OR EQUIPMENT AND MODEL NO.: HAUL DRIVE TOW

DIMENSIONS OF LOAD: _____

DESCRIPTION OF HAULING EQUIPMENT: _____

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									

LOADED HEIGHT: _____ LOADED WIDTH: _____ LOADED OVERALL LENGTH: _____ LOADED OVERHANG: _____ WEIGHT CLASS: _____

ORIGIN (INCLUDE CITY/TOWN AND ON RAMP/CROSS STREET): _____ DESTINATION (INCLUDE CITY/TOWN AND EXIT RAMP/CROSS STREET): _____

AUTHORIZED STATE HIGHWAYS - CITY AND/OR COUNTY PERMITS MAY BE REQUIRED WHENEVER THE * IS SHOWN IN THE STATE ROUTE.

PILOT CAR YES NO

CASH, CHARGE, CREDIT CARD OR EXEMPT INFORMATION _____ APPLICANT SIGNATURE _____ DATE _____

CREDIT CARD EX. DATE _____ FEE \$ _____ NUMBER OF TRIPS _____ AUTHORIZED AGENT _____ DATE _____

REQUESTED ROUTE : _____

_____ APPLICANT CONTACT PERSON (PRINT) _____