

# 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:** \_\_\_\_\_

**PERMIT VALID:**  
 FROM: \_\_\_\_\_  
 TO: \_\_\_\_\_

**MOVEMENT AUTHORIZED:**

PERMIT VALID FOR 7 CONSECUTIVE DAYS

SEE 24/7 TRAVEL CONDITIONS FOR AUTHORIZED TIMES OF MOVEMENT.

NO NIGHT TRAVEL

**PERMIT NUMBER:** \_\_\_\_\_

**THIS PERMIT IS NOT VALID WITHOUT THE FOLLOWING ACCOMPANIMENTS:**

- Permit Conditions 04/2007
- 24/7 Travel Conditions
- Calif Vehicle Inspection Report
- SC MH  MH Certifications
- Pilot Car Special Conditions
- Curfew Maps [LA, SAC, SD, SF]
- SC Holiday Conditions
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**OFFICE PHONE NUMBER (Including Area Code):** \_\_\_\_\_ **OFFICE FAX NUMBER (Including Area Code):** \_\_\_\_\_

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

**DIMENSIONS OF LOAD:** \_\_\_\_\_

**DESCRIPTION OF HAULING EQUIPMENT:** \_\_\_\_\_

| VEHICLE WIDTH:                  | KINGPIN TO LAST AXLE: |   |   | SEMI-TRAILER LENGTH: |   |   | 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 THE LOADED DIMENSIONS SHOWN BELOW OR AXLE WEIGHTS SHOWN ABOVE**

LOADED HEIGHT: \_\_\_\_\_ LOADED WIDTH: \_\_\_\_\_ LOADED OVERALL LENGTH: \_\_\_\_\_ LOADED OVERHANG: \_\_\_\_\_ WEIGHT CLASS: \_\_\_\_\_

ORIGIN: \_\_\_\_\_ DESTINATION: \_\_\_\_\_

|   |                     |
|---|---------------------|
| <b>AUTHORIZED STATE HIGHWAYS - CITY AND/OR COUNTY PERMITS MAY BE REQUIRED WHENEVER THE * IS SHOWN IN THE STATE ROUTE.</b> | For office use only |
|   |                     |
|   |                     |
|   |                     |
|   |                     |
|   |                     |
|   |                     |
| PILOT CAR <input type="checkbox"/> YES <input type="checkbox"/> NO  |                     |

CASH, CHARGE, CREDIT CARD OR EXEMPT INFORMATION: \_\_\_\_\_ APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CREDIT CARD EXP. DATE: \_\_\_\_\_ FEE: \$ 16.00 NUMBER OF TRIPS: \_\_\_\_\_ AUTHORIZED STATE AGENT: \_\_\_\_\_ DATE: \_\_\_\_\_

REQUESTED ROUTE: (Include Address of Origin and Delivery Site): \_\_\_\_\_

CONTACT PERSON (PRINT): \_\_\_\_\_