

COUNTY OF DEL NORTE

TRANSPORTATION PERMIT

TR-0015 (REV. 02/2009)

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) or EMAIL _____

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									

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: _____

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

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: (Include Address of Origin and Delivery Site) _____

CONTACT PERSON (PRINT) _____