



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

NAME		PERMIT VALID FROM: TO: MOVING AUTHORIZED: SATURDAY: SUNDAY: DARKNESS(CVC 280):	PERMIT NUMBER AUTHORIZED CITY REPRESENTATIVE THIS PERMIT IS NOT VALID WITHOUT THE FOLLOWING ATTACHMENTS: <input checked="" type="checkbox"/> PERMIT CONDITIONS <input type="checkbox"/> HOLIDAY CONDITIONS <input checked="" type="checkbox"/> STATE PERMIT NO.
ADDRESS			
CITY/STATE/ZIP			
OFFICE PHONE # (INCLUDE AREA CODE)	FAX # (INCLUDE AREA CODE)		

DESCRIBE THE LOAD OR EQUIPMENT AND MODEL NO. - INCLUDE THE DIMENSIONS OF THE LOAD
AUTHORIZATION IS GRANTED FOR THE FOLLOWING: HAUL DRIVE TOW

DESCRIPTION OF HAULING EQUIPMENT:

			VEHICLE WIDTH:		KINGPIN TO LAST AXLE:		COMBINED VEHICLE LENGTH:		
AXLE NUMBER	1	2	3	4	5	6	7	8	9
TIRES PER AXLE									
DISTANCE BETWEEN AXLES									
WIDTH OF AXLES AT TIRE SIDEWALL									

MAXIMUM ALLOWABLE WEIGHT

LOADED DIMENSIONS GREATER THAN THOSE SHOWN BELOW OR WEIGHTS EXCEEDING THOSE SHOWN ABOVE ARE NOT AUTHORIZED

LOADED HEIGHT:	LOADED WIDTH:	LOADED OVERALL LENGTH:	LOADED OVERHANG:	WEIGHT CLASS:
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ORIGIN:	DESTINATION:
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AUTHORIZED CITY STREETS - STATE PERMITS ARE REQUIRED WHEREVER THE * IS SHOWN IN THE CITY ROUTE:	
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	CONTACT PERSON:
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PILOT CAR	YES	NO
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CASH	NUMBER OF TRIPS:	APPLICANT SIGNATURE:	DATE:
CHARGE			
EXEMPT			