

In compliance with your request and subject to all of the terms, conditions, and restrictions written below and on the attachments, permission is hereby granted to:					PERMIT VALID Sunrise on _____, and expires Sunset on _____.						
Name:					Moving Authorized:			yes	no		
Address:					Sunrise to Sunset Saturday Sunday Sunset to Sunrise Holiday			<input checked="" type="checkbox"/>			
City/State:								<input type="checkbox"/>	<input type="checkbox"/>		
Phone:								<input type="checkbox"/>	<input type="checkbox"/>		
_ HAUL	Load or Equipment, Model No.:										
_ DRIVE											
_ TOW											
Type Vehicle:											
King Pin to Last Axle:					Comb. Vehicle Length:						
LOADED DIMENSIONS DIFFERENT THAN OR WEIGHTS EXCEEDING THOSE SHOWN BELOW ARE NOT AUTHORIZED.											
Max. Height:			Max. Width:			Overall Length:			Max. Overhang:		
Axle Number	1	2	3	4	5	6	7	8	9		
Number Tires											
Axle Spacing											
Axle Width											
Weight											
ORIGIN:					DESTINATION:						
Authorized County Roads:											
_____ _____ _____											
ATTENTION: This permit is in force only when a current Certificate of Insurance is attached. If insurance is canceled or Certificate of Insurance is not attached, permit is null and void.											

PILOT CAR/S _____ (___ front ___ rear ___ none required)	ATTACHMENTS General Conditions _____ Attachment B – Road List _____ Attachment C – Extra-Legal Loads _____ Attachment D – Rider _____ Certificate of Liability _____
Requirements: Loads 10' to 12' wide require 1 pilot car; 12' 1" to 14' width require 2 pilot cars; 14' 1" or over requires 2 pilot cars and CHP escort.	
___ CASH FEE \$90.00 Receipt # _____ ___ Exempt ___ CERT. OF INS. ON FILE	

Authorized Agent _____

Authorized County Representative _____