



PUBLIC WORKS DEPARTMENT
 69825 Highway 111
 Rancho Mirage, CA 92270

(760) 770-3224

FAX (760) 770-3261

TRANSPORTATION PERMIT

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

NAME:
ADDRESS:
CITY/STATE/ZIP
OFFICE PHONE NUMBER (Include Area Code):
FAX NUMBER (Include Area Code):
(SHOW A DESCRIPTION OF THE LOAD OR EQUIPMENT AND MODEL NO. - INCLUDE DIMENSIONS OF LOAD)
 Authorization is granted for the following: Haul Drive Tow

PERMIT VALID:
 FROM:
 TO:
MOVING AUTHORIZED:
 SATURDAY:
 SUNDAY:
 DARKNESS (CVC 280):

PERMIT NUMBER
THIS PERMIT IS NOT VALID WITHOUT THE FOLLOWING ATTACHMENTS:
 Permit Conditions
 Holiday Restrictions

[LOAD]

DESCRIPTION OF HAULING EQUIPMENT:

AXLE NUMBER	VEHICLE WIDTH:			KINGPIN TO LAST AXLE:		COMB. VEHICLE LENGTH:			
	1	2	3	4	5	6	7	8	9
NUMBER 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:**

ORIGIN: **DESTINATION:**

AUTHORIZED ROADS - (STATE AND/OR COUNTY PERMITS MAY BE REQUIRED)

PILOT CAR Yes No

PAYMENT METHOD: **APPLICANT SIGNATURE:** **DATE:**

FEE \$ **NUMBER OF TRIPS: 1** **AUTHORIZED AGENT** **DATE:**

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

CONTACT PERSON: