STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION

# TRANSPORTATION PERMIT

TR-0015 (REV. 08/2015)

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:

**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
- ☐
- ☐
- ☐

**NAME:**

**ADDRESS:**

**CITY/STATE/ZIP:**

**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:

**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 EXP. DATE: | FEE: $ | NUMBER OF TRIPS: | AUTHORIZED STATE AGENT: | DATE: |

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

CONTACT PERSON (PRINT):

**For Permits information, contact the Transportation Permits Office at (916) 322-1297.**

**ADA Notice** For individuals with sensory disabilities, this document is available in alternate formats. For information, call (916) 445-1233, TTY 711, or write to Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814.