



TRANSPORTATION PERMIT
PUBLIC WORKS DEPARTMENT
1735 MONTGOMERY STREET
OROVILLE, CALIFORNIA, 95965
(530) 538-2401 FAX (530) 538-2426

PERMIT #:
ISURANCE #:
DATE:

530-538-2420

RESPONSIBLE PERSON/OWNER/TENANT					PERMIT VALID BETWEEN				
TRANSPORTER:					_____ AM	_____ / _____ / _____			
ADDRESS:					_____ PM				
CITY/STATE: ZIP: HCD:					AND SUNSET	_____ / _____ / _____			
MOVING AUTHORIZED									
<input type="checkbox"/> HAUL	LOAD EQUIPMENT AND MODEL NO.				SATURDAY	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
<input type="checkbox"/> DRIVE					SUNDAY	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
<input type="checkbox"/> TOW					SUNSET/SUNRISE	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
TYPE OF VEHICLE					TELECOPIED PERMITS NOT VALID WITHOUT SEAL <input type="checkbox"/>				
KING PIN TO LAST AXLE			COMB VEHICLE LENGTH		SENDING STATION		RECEIVING STATION		
LOADED DIMMENSIONS DIFFERENT THAN OR WEIGHTS EXCEEDING THOSE SHOWN BELOW ARE NOT AUTHORIZED									
MAX HEIGHT			MAX WIDTH			MAX OVERALL LNTH		MAX OVERHANG	
AXLE NUMBER	1	2	3	4	5	6	7	8	9
NUMBER TIRES									
AXLE SPACING									
AXLE WIDTH									
WEIGHT									
ORIGIN				DESTINATION			TRIPS		
AUTHORIZED ROADS/STREET/HIGWAYS * OTHER AGENCY PERMITS REQUIRED									

PILOT CARS <input type="checkbox"/> YES <input type="checkbox"/> NONE REQUIRED					ATTACHMENTS				
<input type="checkbox"/> CASH					<input type="checkbox"/> <u>PERMIT CONDITIONS</u>				
<input type="checkbox"/> CHARGE	FEE				<input type="checkbox"/> _____				
<input type="checkbox"/> EXEMPT	\$	PERMITEES AUTHORIZED AGENT (SIGN)			_____ / _____ / _____	<input type="checkbox"/> _____			
					DATE				