TRINITY COUNTY – DEPARTMENT OF TRANSPORTATION

TRANSPORTATION PERMIT

TR-0015 (9/2000)

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:

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:

PERMIT VALID:	**PERMIT NUMBER**
FROM: _____ Sunrise	TRINITY COUNTY DEPARTMENT OF TRANSPORTATION
TO: _____ Sunset	THIS PERMIT IS NOT VALID WITHOUT THE FOLLOWING ACOMPANMENTS:

MOVEMENT AUTHORIZED:

SATURDAY: ___ NO

SUNDAY: ___ NO

DARKNESS (CVC280): ___ NO

☒ Permit Conditions

☒ Pilot Car Special Conditions

☒ Inspection Report

☒ General Provisions

☒ Bridge Rating List

☒ Cert. of Insurance Naming Tri Co

☐ As Additional Insured

☐ _____

☐ _____

☐ _____

☐ _____

VEHICLE WIDTH:		SEMI-TRAILER LENGTH:		KINGPIN TO LAST AXLE:		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									

LOADED HEIGHT:	LOADED WIDTH:	LOADED OVERALL LENGTH:	LOADED OVERHANG:	WEIGHT CLASS:

ORIGIN (INCLUDE CITY/TOWN AND ON RAMP/CROSS STREET):   **DESTINATION** (INCLUDE CITY/TOWN AND ON RAMP/CROSS STREET):

AUTHORIZED STATE HIGHWAYS – CITY AND/OR COUNTY PERMITS MAY BE REQUIRED WHENEVER THE ***** IS SHOWN IN THE STATE ROUTE.

Move authorized by this permit may travel

PILOT CAR ☐ YES ☐ NO

CASH, CHARGE, CREDIT CARD OR EXEMPT INFORMATION	APPLICANT SIGNATURE	DATE
CREDIT CARD EX DATE N/A	FEE	NUMBER OF TRIPS	AUTHORIZED STATE AGENT	DATE

REQUESTED ROUTE:

APPLICANT CONTACT PERSON (*PRINT*)