STATE OF CALIFORNIA • 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:

PERMIT VALID:

FROM: _____

TO: _____

MOVEMENT AUTHORIZED:

SATURDAY: _____

SUNDAY: _____

DARKNESS (CVC280): _____

PERMIT NUMBER

THIS PERMIT IS NOT VALID WITHOUT THE FOLLOWING ACCOMPANIMENTS:

- ☒ Permit Conditions
- ☐ Pilot Car Special Conditions
- ☐ Inspection Report
- ☐ SC MH
- ☐ SC 3AM
- ☐ Curfew Maps [LA SAC SD SF]
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

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:	**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 EXIT RAMP/CROSS STREET):

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

PILOT CAR ☐ YES ☐ NO

CASH, CHARGE, CREDIT CARD OR EXEMPT INFORMATION			APPLICANT SIGNATURE	DATE
CREDIT CARD EX. DATE	FEE $	NUMBER OF TRIPS	AUTHORIZED STATE AGENT	DATE

REQUESTED ROUTE :

APPLICANT CONTACT PERSON *(PRINT)*