

**CITY OF MONTEREY
TRANSPORTATION PERMIT**

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

| | |
|-------------------------------------|----------------------------|
| NAME: | |
| | |
| ADDRESS: | |
| | |
| CITY/STATE/ZIP: | |
| | |
| OFFICE PHONE # (Include Area Code): | FAX # (Include Area Code): |
| | |

| |
|---------------------------|
| PERMIT VALID: |
| FROM: |
| |
| TO: |
| |
| MOVING AUTHORIZED: |
| SATURDAY: |
| |
| SUNDAY: |
| |
| DARKNESS (CVC280): |
| |

| |
|--|
| PERMIT NUMBER: |
| Approved |
| Approved as noted |
| Revise & Resubmit |
| THIS PERMIT IS NOT VALID WITHOUT THE FOLLOWING ATTACHMENTS: |
| Permit Conditions |
| Holiday Restrictions |
| Pilot Car Req |
| Other: |
| |
| Other: |
| |

(SHOW A DESCRIPTION OF THE LOAD OR EQUIPMENT AND MODEL NO. - INCLUDE DIMENSIONS OF LOAD)

Authorization is granted for the following: Haul Drive Tow

DESCRIPTION OF HAULING EQUIPMENT:

| | | | | | | | | | |
|--|---|---|-----------------------|---|---|---|-----------------------|---|---|
| VEHICLE WIDTH: | | | KINGPIN TO LAST AXLE: | | | | COMB. VEHICLE LENGTH: | | |
| AXLE NUMBER | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| # OF 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 CITY STREETS * OTHER AGENCY PERMITS REQUIRED | | |
| | | |
| | | |
| | | |
| PILOT CAR: <input type="checkbox"/> YES <input type="checkbox"/> 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 | EMAIL ADDRESS |
| | |