

**CITY OF ANTIOCH
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 _____

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

PERMIT NUMBER: _____

OFFICE PHONE NUMBER (INCLUDE AREA CODE) _____ FAX NUMBER (INCLUDE AREA CODE) _____

(SHOW A DESCRIPTION OF THE LOAD OR EQUIPMENT AND MODEL NO. - INCLUDE DIMENSIONS OF LOAD)
 Authorization is granted for the following: Haul: Drive: Tow:

THIS PERMIT IS NOT VALID WITHOUT THE FOLLOWING ATTACHMENTS:
 PERMIT CONDITIONS

DESCRIPTION OF HAULING EQUIPMENT

AXLE NUMBER	VEHICLE WIDTH:			KINGPIN TO LAST AXLE:			COMB. VEHICLE LENGTH:		
	1	2	3	4	5	6	7	8	9
NUMBER TIRES PER AXLE									
DISTANCE BETWEEN AXLES									
WIDTH OF AXLES AT TIRE SIDWALL									
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 ROUTES.

PILOT CAR Yes No

CASH CHARGE, CREDIT CARD OR EXEMPT INFORMATION _____ APPLICANT SIGNATURE _____ DATE _____

CREDIT CARD EXP. DATE _____ FEE _____ NUMBER OF TRIPS _____ AUTHORIZED CITY AGENT _____ DATE _____

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

CONTACT PERSON _____