

TRANSPORTATION PERMIT

KINGS COUNTY PUBLIC WORKS DEPARTMENT

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

TRANSPORTER _____

ADDRESS _____

CITY / STATE _____

PHONE _____ HCD. NO. _____

PERMIT VALID BETWEEN

_____ AM / /

_____ PM / /

AND SUNSET / /

MOVING AUTHORIZED YES NO

SATURDAY

SUNDAY

SUNSET TO SUNRISE

_____ AUTHORIZED REPRESENTATIVE

HAUL LOAD OR EQUIPMENT AND MODEL NO. _____

DRIVE _____

TOW _____

TYPE VEHICLE _____

TELECOPIED PERMITS NOT VALID WITHOUT SEAL

KING PIN TO LAST AXLE COMB. VEHICLE LENGTH SENDING STATION RECEIVING STATION

LOADED DIMENSIONS DIFFERENT THAN OR WEIGHTS EXCEEDING THOSE SHOWN BELOW ARE NOT AUTHORIZED

MAX HEIGHT:	MAX WIDTH:	MAX OVERALL LENGTH:	MAX OVERHANG:						
AXLE NUMBER	1	2	3	4	5	6	7	8	9
NUMBER TIRES									
AXLE SPACING									
AXLE WIDTH									
WEIGHT									

ORIGIN DESTINATION TRIPS

AUTHORIZED ROUTES * = OTHER AGENCY PERMITS REQUIRED

PILOT CAR YES NONE REQUIRED

ATTACHMENTS

PERMIT CONDITIONS

CASH

CHARGE FEE: _____

EXEMPT \$ _____

_____ AUTHORIZED AGENT SIGNATURE / / DATE