# TRANSPORTATION PERMIT

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

**PERMIT VALID:**
FROM: _____
TO: _____

**MOVEMENT AUTHORIZED:**
PERMIT VALID FOR 7 CONSECUTIVE DAYS

SEE 24/7 TRAVEL CONDITIONS FOR AUTHORIZED TIMES OF MOVEMENT.

☐ NO NIGHT TRAVEL

**PERMIT NUMBER**

**THIS PERMIT NOT VALID WITHOUT THE FOLLOWING ACCOMPANIMENTS:**

☐ _____
☐ _____
☐ _____
☐ _____
☐ _____
☐ _____
☐ _____
☐ _____
☐ _____
☐ _____

**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 | | | | | | | | | |

**NOT TO EXCEED THE LOADED DIMENSIONS SHOWN BELOW OR AXLE WEIGHTS SHOWN ABOVE**

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

ORIGIN: | DESTINATION:

**AUTHORIZED TOWN ROADWAYS/ROUTE**

PILOT CAR ☐ YES ☐ NO

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

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

CONTACT PERSON *(PRINT)*