



COUNTY OF SAN JOAQUIN

DEPARTMENT OF PUBLIC WORKS
P.O. BOX 1810-1810 HAZELTON AVENUE
STOCKTON, CALIFORNIA 95201
(209) 468-3000
FAX # (209) 468-9324

Permit No: _____
Mvmt Period: _____ to _____
No. of Trips: _____
Hours: **DAYLIGHT**

TRANSPORTATION PERMIT

In compliance with your request, subject to all terms, conditions and restrictions written below or printed as general or special provisions on any part of this or attached forms.

Permission is Hereby Granted to

Permittee: _____
Address: _____
Town: _____
Phone: _____

PERMISSION IS HEREBY GRANTED TO MAKE AND UTILIZE AS THE ORIGINAL EXACT PHOTOGRAPHIC REPRODUCTION OF THIS FORM AND ATTACHMENT.
CALTRANS PERMIT REQUIRED FOR CROSSING STATE HIGHWAY

To transport: _____
Hauling equip: _____

Dimensions and weights not to exceed those below - Return trips unladen

HEIGHT:	WIDTH:			LENGTH:			FRONT/REAR OVERHANG:			
Axle Number	1	2	3	4	5	6	7	8	9	10
Tires/Axle										
Min. Axle Sp.	' "	' "	' "	' "	' "	' "	' "	' "	' "	' "
0 - 0 Tires										
Max. Wt. /Unit										
Maximum Gross Weight (lbs): _____										

PILOT CAR(S) / ESCORT **MINIMUM*** REQUIREMENTS.

PERMITTEE IS RESPONSIBLE FOR **ADDITIONAL*** REQUIREMENTS PER GENERAL PROVISIONS VI-F:

None* One Pilot Car* Two Pilot Cars* CHP Escort*

TRAVEL ROUTE:

FROM: _____
TO: _____
VIA: _____

It will be the responsibility of the Permittee to check route for travel before sending equipment over the routes.
This permit is authorized only when the load is non-reducible in nature and cannot otherwise be transported within the legal provision of the California Vehicle Code.
Vehicles described above are permitted to traverse all county roads, bridges and other structures in County road system **except as follows:**

- Locations closed or posted for construction or other contray features
- Where weight exceeds structures load limits

The Permittee, in signing below, accepts all terms, conditions and restrictions of this permit, per Exhibit "A" dated 7/1/08, certifying also, that hauling units and other equipment are duly registered and identified as required by the State of California Department of Motor Vehicles.

APPLICANT

DEPARTMENT OF PUBLIC WORKS

By _____

By _____

Thank you for your request for this transportation permit. To make valid, please sign and return a copy by fax to (209)468-9324.