



**City of Rialto
TRANSPORTATION PERMIT**

TYPE: ANNUAL

SINGLE

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

TRANSPORTER	
ADDRESS	
CITY/STATE/ZIP	
PHONE NUMBER (Include Area Code) ()	FAX NUMBER (Include Area Code) ()

PERMIT VALID: FROM: _____ TO: _____ PERMIT VALID FOR 7 CONSECUTIVE DAYS <input type="checkbox"/> NO NIGHT TRAVEL
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FOR OFFICE USE ONLY _____ PERMIT # _____ APPROVED BY _____ DATE
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AUTHORIZATION IS GRANTED FOR THE FOLLOWING: HAUL DRIVE TOW

LOAD OR EQUIPMENT DESCRIPTION AND MODEL NO.	DESCRIPTION OF HAULING EQUIPMENT

DIMENSIONS OF LOAD	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 STATE HIGHWAYS (City and/or County Permits are required whenever the * is shown in the State Route)

PILOT CAR: YES NO

REQUESTED ROUTE (Include Address of Origin and Deliver Site)

VEHICLE LICENSE PLATE NO.	NO. OF TRIPS	TRIP PERMIT FEES	
		ANNUAL: \$90	SINGLE: \$16

I CERTIFY THAT ALL COUNTY AND/OR CITY TRANSPORTATION PERMITS HAVE BEEN OBTAINED IF THIS PERMIT IS FOR TOWING A MOBILE HOME.

CONTACT PERSON (Please Print) _____

APPLICANT SIGNATURE: _____ DATE: _____

AUTHORIZED STATE AGENT: _____ DATE: _____

THIS PERMIT IS NOT VALID WITHOUT THE FOLLOWING ATTACHMENTS:

- Permit Conditions
- Holiday Restrictions
- Current Proof of Liability Ins.
- _____
- _____
- _____
- _____