

**CITY OF SAN BERNARDINO****TRANSPORTATION PERMIT**

TR-0168 (REV. 09/94)

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		PERMIT VALID: FROM:		PERMIT NUMBER
ADDRESS		TO:		
CITY/STATE/ZIP		MOVING AUTHORIZED:		
OFFICE PHONE NUMBER		fax number (Include Area Code)		
(SHOW A DESCRIPTION OF THE LOAD OR EQUIPMENT AND MODEL NO - INCLUDE DIMENSION'S OF LOAD) Authorization is granted for the following:		SATURDAY <input type="checkbox"/> SUNDAY <input type="checkbox"/> DARKNESS(CVC 280): <input type="checkbox"/>		THIS PERMIT IS NOT VALID WITHOUT THE FOLLOWING ATTACHMENTS: <input type="checkbox"/> Permit Conditions <input type="checkbox"/> Holiday Restrictions <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> HAUL <input type="checkbox"/> DRIVE <input type="checkbox"/> TOW				

## DESCRIPTION OF HAULING EQUIPMENT:

AXLE NUMBER	1	2	3	4	5	6	7	8	9
NUMBER TIRES PER AXLE									
DISTANCE BETWEEN AXLES									
WIDTH OF AXLES AT TIRE SIDEWALL									
MAXIMUM ALLOWABLE WEIGHT									

LOADED DIMENSIONS GREATER THAN THOSE SHOWN BELOW OR WEIGHT EXCEEDING THOSE SHOWN ABOVE ARE NOT AUTHORIZED

LOADED HEIGHT:	LOADED WIDTH:	LOADED OVERALL LENGTH:	LOADED OVERHANG:	WEIGHT CLASS:
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ORIGIN:	DESTINATION:
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AUTHORIZED STATE HIGHWAYS - CITY AND/OR COUNTY PERMITS ARE REQUIRED WHEREVER THE * IS SHOWN IN THE STATE ROUTE	
PILOT CAR <input type="checkbox"/> Yes <input type="checkbox"/> No	

ACCT NUMBER #	APPLICANT SIGNATURE	DATE
CREDIT CARD EXP. DATE	FEE \$	NUMBER OF TRIPS
AUTHORIZED STATE AGENT		DATE

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

CONTACT PERSON
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