

INSTRUCTIONS FOR COMPLETION OF TRANSPORTATION PERMIT FORM

Cost: \$15.00 for a day permit
\$80.00 for a year permit

Applicant to fill out the following information:

1. Name of company or person permit is issued to.
2. Address of company or person permit is issued to.
3. Street address or P.O. Box, city, state and zip code.
4. Complete phone number of company/person named on permit where additional information may be obtained and/or where the area of responsibility lies.
5. Check the correct box for requested permit.
6. Complete description of load or equipment to be moved. Where appropriate, use specific model number or serial numbers to complete identification.
7. Provide hauling vehicle description. Attach additional sheets if more space is needed. Serial numbers should be shown for vehicles that have an inspection report.
8. Kingpin to last axle: shall apply to all two-vehicle combinations and all towed loads where a semi-trailer is used. Write "40' max" unless the transporter requests something different. Dimensions in excess of legal shall be allowed when the load justifies it. Annual and single trip permits for manufactured housing shall show the word "variable"
9. Combined vehicle length: The word "legal" per CVC 35401 shall be used for all combinations except when the load justifies a dimension greater than "legal." Permits for single vehicles shall show legal or actual dimensions.
10. Number of tires per axle: must be completed for all overweight loads. Number of tires must be correct for weight requested. If more than 9 axles are used, attach additional sheets with the appropriate information.
11. Distance between axles: allows for the words "min" and "max" at the appropriate times for axle spacing. These words shall not be used unless it is your intent to exempt the applicant from the exact dimensions. Exact dimensions shall be used for all fixed load special program such as large scrapers and shall show dimensions within the limits of the special scraper program.

12. Width of axles: must be completed for all overweight loads. Axle width must correspond to the weight.
13. Maximum allowable weight: use one of the following:
 - 1) "legal"
 - 2) weights given by the transporter
 - 3) weights allowed by Caltrans inspection sheets
 - 4) weights allowed by actual spacing*authorized weights can not exceed tire capacity.
14. Loaded height: show "legal" if 14' or less, otherwise show actual height. Show actual height for manufactured housing.
15. Loaded width: show "legal" if 8'-6" or less, otherwise show actual width.
16. Overall loaded length: show "legal" or actual length if longer than legal.
17. Loaded overhang: "legal" may be used, however if there is doubt as to what the legal overhang is, use the actual dimension given by the transporter. Actual overhang may be needed at times to determine if a pilot car is required.
18. Weight class: must be completed for all overweight loads. Number of tires must be correct for weight requested.
19. Origin: show origin of load (city or area). The on ramp, cross street, origin address is to be supplied on the route request.
20. Destination: show destination of load (city or area). The off ramp, cross street, destination address is to be supplied on the route request.
21. Applicant signature & date: applicant to sign and date in the appropriate place.
22. Fee: fill in the appropriate fee. \$15.00 for a day permit, or \$80.00 for a yearly permit. If application is mailed see directions below.
23. Requested Route: Specify origin address, on ramps, streets, off ramps, cross streets and destination address.
24. Contact Person: First and last name, printed.

If application will be mailed include a check or money order for the appropriate amount payable to the **City of Duarte** and mail to the following address:

City of Duarte
Community Development – Engineering
1600 Huntington Drive
Duarte, CA 91010-2592

**CITY OF DUARTE
TRANSPORTATION PERMIT**

TR-0168 (REV. 09/94) CT# 7541-5561-8

FM 2138 M 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 _____
ADDRESS _____
CITY/STATE/ZIP _____

PERMIT VALID:
FROM: _____
TO: _____
MOVING AUTHORIZED:
SATURDAY: _____
SUNDAY: _____
DARKNESS (CVC 280): _____

PERMIT NUMBER _____

THIS PERMIT IS NOT VALID WITHOUT THE FOLLOWING ATTACHMENTS:

Permit Conditions
 Holiday Restrictions

OFFICE PHONE NUMBER (Include Area Code) _____ FAX NUMBER (Include Area Code) _____

(SHOW A DISCRPTION OF THE LOAD OR EQUIPMENT AND MODEL NO. - INCLUDE DIMENSION'S OF LOAD)

Authorization is granted for the following: Haul Drive 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 WEIGHTS EXCEEDING THOSE SHOWN ABOVE ARE NOT AUTHORIZED

LOADED HEIGHT: _____ LOADED WIDTH: _____ LOADED OVERALL LENGTH: _____ LOADED OVERHANG: _____ WEIGHT CLASS: _____

ORIGIN: _____ DESTINATION: _____

AUTHORIZED STATE HIGHWAYS - CITY AND/OR COUNTY PERMITS ARE REQUIRED WHEREVER THE * IS SHOWN IN THE STATE ROUTE.

PILOT CAR Yes No

CASH, CHARGE, CREDIT CARD OR EXEMPT INFORMATION _____ 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 _____