

# CITY OF IRWINDALE

# TRANSPORTATION PERMIT

(626) 430-2211

\_\_\_\_\_ Single Trip

\_\_\_\_\_ Annual

Department of Public Works  
5050 North Irwindale Avenue • Irwindale, CA 91706

**PERMIT NO.** \_\_\_\_\_

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

TRUCKING COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

PERMIT VALID BETWEEN

\_\_\_\_\_ AM / /

\_\_\_\_\_ PM

AND SUNSET / /

**MOVING AUTHORIZED**

	Yes	No
Saturday	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>
Sunset to Sunrise	<input type="checkbox"/>	<input type="checkbox"/>

**APPROVALS**

\_\_\_\_\_

AUTHORIZED CITY REPRESENTATIVE

<input type="checkbox"/> HAUL	LOAD OR EQUIPMENT AND MODEL NO: _____ _____
<input type="checkbox"/> DRIVE	
<input type="checkbox"/> TOW	

\_\_\_\_\_

POLICE DEPARTMENT REPRESENTATIVE

TYPE OF VEHICLE: \_\_\_\_\_

KING PIN TO LAST AXLE: \_\_\_\_\_ COMB, VEHICLE LENGTH: \_\_\_\_\_

SENDING STATION: \_\_\_\_\_ RECEIVING STATION: \_\_\_\_\_

LOADED DIMENSIONS DIFFERENT THAN OR WEIGHTS EXCEEDING THOSE SHOWN BELOW ARE NOT AUTHORIZED

MAX HEIGHT:	MAX WIDTH:	MAX OVERALL LENGTH:	MAX OVERHANG:
AXLE NUMBER: 1	2	3	4
5	6	7	8
9			
NUMBER OF TIRES:			
AXILE SPACING:			
AXLE WIDTH:			
WEIGHT:			

ORIGIN: \_\_\_\_\_ DESTINATION: \_\_\_\_\_ TRIPS: \_\_\_\_\_

AUTHORIZED ROADS/STREETS/HIGHWAYS AND/OR OTHER AGENCY PERMITS REQUIRED

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PILOT CAR  YES  NONE REQUIRED

LICENSE NO: \_\_\_\_\_

**AND RETURN UNLADEN**

**ATTACHMENTS**

- Permit Conditions
- Certificate of Liability
- Cal Trans Permit
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

CASH       CHECK       EXEMPT

FEE \$ \_\_\_\_\_

Print: \_\_\_\_\_

Signature: \_\_\_\_\_

PERMITTEES AUTHORIZED AGENT

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date