



CITY OF HAYWARD TRANSPORTATION PERMIT RIDER

TO BE ATTACHED AND MADE A PART OF THE TRANSPORTATION PERMIT NUMBER:		CITY USE ONLY	
		EFFECTIVE:	
		EXPIRES:	
PERMITEE:		PERMIT NUMBER:	
ADDRESS:		PAGE: OF:	
PHONE #:	FAX #:		
AUTHORIZED AGENT:	DATE:	AUTHORIZED CITY AGENT:	

STATE USE ONLY

AXLE NUMBER	9	10	11	12	13	14	15
NUMBER OF TIRES PER AXLE							
DISTANCE BETWEEN AXLES							
WIDTH OF AXLES @ TIRE SIDEWALLS							
MAXIMUM ALLOWABLE WEIGHT							

THIS PERMIT RIDER IS FOR ADDITIONAL AXLE INFORMATION ONLY.

ALL PROVISIONS OF THE ORIGINAL PERMIT REMAIN IN EFFECT.

THIS FORM CAN BE FILLED OUT AND SUBMITTED AS FOLLOWS:

Email to: HPDTransPermit@hayward-ca.gov

Fax to: (510) 259-6234