



CITY OF HAYWARD TRANSPORTATION PERMIT

ANNUAL

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

NAME	
ADDRESS	
CITY/STATE/ZIP	
OFFICE PHONE NUMBER (Including Area Code)	OFFICE FAX NUMBER (Including Area Code)

PERMIT VALID:
 FROM: _____
 TO: _____

MOVEMENT AUTHORIZED:
 SATURDAY: _____
 SUNDAY: _____
 DARKNESS (CVC280): _____

PERMIT NUMBER

THIS PERMIT IS NOT VALID WITHOUT THE FOLLOWING ACCOMPANIMENTS:

DESCRIPTION OF THE LOAD OR EQUIPMENT AND MODEL NO.: HAUL DRIVE TOW

DIMENSIONS OF LOAD:

DESCRIPTION OF HAULING EQUIPMENT:

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									

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

ORIGIN (INCLUDE CITY/TOWN AND ON RAMP/CROSS STREET): _____ DESTINATION (INCLUDE CITY/TOWN AND EXIT RAMP/CROSS STREET): _____

AUTHORIZED STATE HIGHWAYS - CITY AND/OR COUNTY PERMITS MAY BE REQUIRED WHENEVER THE * IS SHOWN IN THE STATE ROUTE.

PILOT CAR YES NO

CASH, CHARGE, CREDIT CARD OR EXEMPT INFORMATION			APPLICANT SIGNATURE		DATE
CREDIT CARD EX. DATE	FEE	NUMBER OF TRIPS	AUTHORIZED AGENT		DATE

REQUESTED ROUTE :

APPLICANT CONTACT PERSON (PRINT)