

APPLICATION FOR AN ANNUAL TRANSPORTATION PERMIT

PLEASE PRINT LEGIBLY OR TYPE

NAME									PREMIU	JM BILLII	NG ACCOUNT #	
ADDRESS**												
CITY		STATE ZIP CODE										
CONTACT PERSON			PHONE #	•			FAX #	```				
THE FAX NUMBE	ER MUST BE	AVAILABLE 24HRS					OUTES AUT	HORIZED FO	OR ANNUAL T	RANSPO	ORTATION	
MAILING ADDRESS				in in any on i	(LOTALOTED IX	00120				E	EMAIL ADDRESS	
CITY	STATE									ZIP CODE		
			MEASU	JRE IN <u>FEET</u>	AND INC	<u>IES</u> ONI	LY					
VEHICLE WIDTH		KINGPIN T	KINGPIN TO LAST AXLE		SEMI-TRAILE		₹ LENGTH		COMB. VEHICLE LENGTH			
AXLE NUMBER NUMBER OF TIRES PER AXLE	1	2	3	4	5		6	7	8		9	
DISTANCE BETWEEN AXLES												
WIDTH OF AXLES AT TIRE SIDEWALL MAX ALLOWABLE												
LOADED HEIGHT 15'0" MA	ΛY	LOADED WIDTH LOADED OVERALL LENGTH LOADED OVERHANG 14'0" MAX LEGAL LEGAL							WEIGHT CLASS			
TRUCKS W/MORE THAN 20K LBS ON STEERING AXLE VIN# / COPY OF CALTRANS INSPECTION REPORT REQUIRED									LEGAL			
☐ TOWS/DRIVES – COPY OF CALTRANS INSPECTION REPORT REQUIRED									GREEN			
☐ UNLADEN 7 / 9 AXLE – COPY OF CALTRANS INSPECTION REPORT REQUIRED									PURPLE* *LOADS MAY NOT EXCEED PURPLE			
☐ TOW TRUCKS	5 – VIN # RI	EQUIRED							CLASSIFICA	IION		
☐ MOBILE HOM	IE											
NUMBER OF PE	RMITS RE	EQUESTED		@	\$90.00 E/	Α			_			
SIGNATUREDAT								DATE _				
NOTES:												

MUST HAVE PHYSICAL ADDRESS NO P.O. BOXES

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