CITY OF FOUNTAIN VALLEY
TRANSPORTATION PERMIT

TR-0015 (9/2000)

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:

PERMIT VALID:

FROM: _____

TO: _____

MOVEMENT AUTHORIZED:

SATURDAY: _____

SUNDAY: _____

DARKNESS (CVC280): _____

PERMIT NUMBER

THIS PERMIT IS NOT VALID WITHOUT THE FOLLOWING ACCOMPANIMENTS:

- ☐ Permit Conditions
- ☐ Pilot Car Special Conditions
- ☐ Holiday Restrictions
- ■ Moves restricted between
- ☐ 7am-9am and 4pm-6pm
- ☐ Monday - Friday
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

NAME

ADDRESS

CITY/STATE/ZIP

OFFICE PHONE NUMBER *(Including Area Code)*

OFFICE FAX NUMBER *(Including Area Code)*

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):

REQUESTED/APPROVED ROUTE:

PILOT CAR ☐ YES ☐ NO

LIABILITY INSURANCE EXPIRATION DATE:

FEE	NUMBER OF TRIPS	APPLICANT SIGNATURE	DATE
$		AUTHORIZED AGENCY REPRESENTATIVE	DATE

White – Applicant
Yellow – Law Enforcement Agency
Pink – Engineering
Golden – Finance