COUNTY OF IMPERIAL DEPT. OF PUBLIC WORKS	Р	PERMIT VALID:		COUNTY PERMIT NUMBER		
TRANSPORTATION PERMIT	FROM:					
IN COMPLIANCE WITH YOUR REQUEST AND SUBJECT TO ALL THE TERMS, CONDITIONS AND RESTRICTION WRITTEN BELOW AND THE ATTACHMENTS, PERMISSION IS HEREBY GRANTED TO:						
		ING AUTHOR	IZED:		ALID WITHOUT THE	
COMPANY NAME:	SATURI	DAY:		FOLLOWING ATTACHMENTS:		
	SUNDA	Y:		PERMIT CONDITIONS		
ADDRESS:		ESS (CV-C 28	30):	☐ HOLIDAY RESTRICTIONS		
CITY/STATE/ZIP CODE:			,	☐ BRIDGE LIST		
OFFICE PHONE NUMBER FAX NUMBER						
SHOW A DESCRIPTION OF THE LOAD OR EQUIPMENT AND MODEL NO. (Include Dimensions of				- 🗆 🔝		
Load)						
Authorization is granted for the following:						
DESCRIPTION OF HAULING EQUIPMENT:						
LICENSE PLATE #S OF TRACTOR & ALL TRAILERS:						
VEHICLE WIDTH: KINGPIN TO LAST AXLE:		COMBINED				
AXLE NUMBER 1 2 3 4	5	6	7	8	9	
NUMBER TIRES PER AXLE:						
DISTANCE BETWEEN AXLES						
WIDTH OF AXLES AT TIRE SIDEWALL						
MAXIMUM ALLOWABLE WEIGHT						
LOADED DIMENSIONS GREATER THAN THOSE SHOWN BELOW OR WEIGHTS EXCEEDING THOSE ABOVE ARE NOT AUTHORIZED LOADED HEIGHT: LOADED WIDTH: LOADED OVERHAUL LENGTH: LOADED OVERHANG: WEIGHT CLASS:						
ORIGIN: (Include address)		DESTINATION: (Include address)				
REQUESTED ROUTE						
CONTACT PERSON (Type): SIGNATURE: DATE:						

CHP OR □ NONE □ 1 PILOT CAR TO FOLLOW PILOT CAR REQUIRED: □ 1 PILOT CAR TO PROCEED □ CHP ESCORT REQUIRED						
One Time AUTHORIZED AGENT SIGNATURE:						
FEE Annual DATE:						
AUTHORIZED ROUTE (CITY AND/OR STATE HWY. PERMITS ARE REQUIRED WHEREVER THE * IS SHOWN IN THE COUNTY)						
*ATTACH CERTIFICATE OF LIABILITY INSURANCE *WIDE LOAD SIGNS REQUIRED *FOLLOW ALL SAFETY & TRAFFIC RULES AND REGULATIONS **HUMBER AND REGULATIONS AND REGULA						
*VERIFY ALL HEIGHT, WEIGHT, LENGTH, & WIDTH CLEARANCES BEFORE PROCEEDING *VOID IF CLEARANCES ARE EXCEEDED OR IF USE OF UNAUTHORIZED ROUTE OCCURS						