

CITY OF CERES

TRANSPORTATION PERMIT

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

NAME/TRANSPORTER		PERMIT VALID BETWEEN _____ AM / / _____ PM / / AND SUNSET MOVING AUTHORIZED YES NO SATURDAY ☐ ☐ SUNDAY ☐ ☐ SUNSET TO SUNRISE ☐ ☐		Permit No. _____					
ADDRESS				(1) _____ AUTHORIZED AGENCY REPRESENTATIVE					
CITY/STATE				(2) _____ AUTHORIZED AGENCY REPRESENTATIVE					
PHONE	HCD. No.			TELECOPIED PERMITS NOT VAILD WITHOUT SEAL					
☐ HAUL LOAD OR EQUIPMENT AND MODEL NO.									
☐ DRIVE									
☐ TOW									
TYPE VEHICLE				SENDING STATION RECEIVING STATION					
KING PIN TO LAST AXLE		COMB. VEHICLE LENGTH							
LOADED DIMENSIONS DIFFERENT THAN OR WEIGHTS EXCEEDING THOSE SHOWN BELOW ARE NOT AUTHORIZED									
MAX HEIGHT:		MAX WIDTH:		MAX OVERALL LENGTH:					
MAX OVERHANG:									
AXLE NUMBER	1	2	3	4	5	6	7	8	9
NUMBER TIRES									
AXLE SPACING									
AXLE WIDTH									
WEIGHT									
ORIGIN				DESTINATION			TRIPS		
AUTHORIZED ROADS/STREETS/HIGHWAYS *OTHER AGENCY PERMITS REQUIRED:									
PILOT CAR ☐ YES ☐ NONE REQUIRED							ATTACHMENTS PERMIT CONDITIONS ☒ _____ ☐ _____ ☐ _____ ☐ _____ ☐ _____ ☐ _____ ☐ _____ ☐ _____ ☐ _____ ☐ _____		
☐ CASH ☐ CHARGE FEE: ☐ EXEMPT \$ _____		I CERTIFY THAT ALL STATE, COUNTY AND/OR CITY TRANSPORTATION PERMITS HAVE BEEN OBTAINED IF THIS PERMIT IS FOR TOWING A MOBILEHOME.							
AUTHORIZED AGENT SIGNATURE _____				DATE _____					