												Reset	Form		Sav	e As		Ema	ail		
TRANSPORTATION PERMIT APPLICATION										PERMIT DATE REQUEST				$\neg \neg$	PERMIT NUMBER:						
Tulare County Resource Management Agency									ncy	<sub>FROM:</sub> 01/01/2022					_						
Public Works Department										04 (04 (0003					FOR COUNTY USE						
5961 S Mooney Blvd Visalia, CA 93277-9394 Phone (559) 624-7127 FAX (559) 730-2653											то: 01/01/2023			THIS PERMIT IS NOT VALID WITHOUT THE FOLLOWING ACCOMPANIMENTS:							
NAME:		-4-								X ANNUAL/BLANKET				Permit Conditions							
John Doe				CATION			X	Truck	Route Mar	5											
ADDRESS: 123 Me		ļ <u>.     </u>	SATUI				П	Rider	Sheet												
CITY/STATE/ZIP:											SUNDAY					Weigh	t Chart				
Visalia, CA 93277											NO NIGHT TRAVEL					Bridge	List				
CONTACT PHONE NUMBER (Including Area Code) EMAIL (Must Include Value (559) 111-2222											id Email):					Permit Days	Valid For	7 Cons	ecutive		
DESCRIPTION OF THE LOAD OR EQUIPMENT AND MODEL NO. HAUL											☐ DRIVE ☐ TOW					Бијз					
CONSTRUCTI	*	EQL	JIPME	ENT			<u> </u>							4		ÿ					
DIMENSIONS OF LOAD.	*													1		7					
DESCRIPTION OF HAUL							Identific	cation	Numbe	r of Pull	Unit):			7		9.7					
3 axle tractor /	2 ax	de tra	TOTAL PROTOTO	50.405-04.5520	2345	6		I a	ENW ED	DAU ED					LJ VEUZ						
VEHICLE KINGPIN TO LAST AXLE:								5.53	ENGTH	RAILER H:				LENG	S VEHIC STH:	JLE .	-E				
AXLE NUMBER			1		2		3	Ľ	4		5		6		7		8		9		
NUMBER OF TIRES PER AXLE	is in				215						- 300	1	3				-20				
DISTANCE BETWEEN AXLES																					
WIDTH OF AXLES AT TO SIDEWALL	IRE				1352			$\vdash$													
MAXIMUM ALLOWABLE WEIGHT				•		•				•		•		•							
		1/292003	W. C. 8232496 2	ODELNIK SALV ES	AND THE WELL	OF OF SHOW R		XX 20 10 10 10 10 10 10 10 10 10 10 10 10 10	HOWN	BELOW	OR AXLE			ARK ING SERV	VE	T	WEIGHT CLASS (Color):				
LOADED HEIGHT:	OADED HEIGHT: LOADED WIDTH:				LOADED OVERALL LENGTH:					LOADED OVERHANG			G:		WEIG	HT CLAS	S (Color	):   <b>-</b>			
ORIGIN:									DE	STINATIO	ON:										
AUTHORIZED COUN	ITY HI	GHWA	YS-CIT	Y AND/	OR STAT	E PERM	IITS	REQU	IESTED	ROUTI	E:										
MAY BE REQUIRED.	este id betwee		0/25 9/03 44,0040		37. Store (1. 150) American		surrent vector														
								ADI	DI ICANI	T SIGNA	TUDE					I	DATE:				
								LICAN	CANT SIGNATURE:					DOIL.							
AUT								THORIZ	RIZED COUNTY AGENT:					DATE:							
								AF.													

TRANSPORTATION PERMIT APPLICATION										PERMIT DATE REQUEST					PERMIT NUMBER:						
Publ	ic Wo	orks	Depa	ırtme	ent		nent Aç	gency	<b>y</b> FR	OM:				-							
5961 S Mooney Blvd Visalia, CA 93277-9394 Phone (559) 624-7127 FAX (559) 730-2653										TO:					THIS PERMIT IS NOT VALID WITHOUT THE FOLLOWING ACCOMPANIMENTS:						
NAME:		ANNUAL/BLANKET					Permit Conditions														
		APPLICATION SATURDAY					Truck Route Map														
ADDRESS:		SUNDAY					Rider Sheet														
CITY/STATE/ZIP:		_					Weight Chart														
			O NIG	SHT TRA	VEL			Bridge	List												
CONTACT PHONE NUI	Valid Er	nail):					$\Box$		Valid For	7 Conse	cutive										
DESCRIPTION OF THE	DESCRIPTION OF THE LOAD OR EQUIPMENT AND MODEL NO.  HAUL DRIVE TOW														_	Days					
						L						Ш									
DIMENSIONS OF LOAI	D:																				
DESCRIPTION OF HAU	JLING E	QUIPM	ENT (Inc	lude Li	cense Nu	ımber oı	r Identifica	tion Nu	mber o	f Pull Unit	):			4	Ш						
DESCRIPTION OF HAULING EQUIPMENT (Include License Number or Identification Number of Pull Unit):																-					
VEHICLE KINGPIN TO SEMI-TRAILER LAST AXLE: LENGTH:											COMB VEHICLE LENGTH:										
AXLE NUMBER (Circle	e)		1		2		3	4	ļ	5		6			7		8		9		
NUMBER OF TIRES PER AXLE																					
DISTANCE BETWEEN AXLES																					
WIDTH OF AXLES AT SIDEWALL	TIRE																				
MAXIMUM ALLOWABI WEIGHT	LE																				
				XCEED			IMENSION		WN BE	LOW OR					VΕ						
	OADED HEIGHT: LOADED WIDTH: LOADED OVERALL LENGTH: LOADED OVERHA											RHAN	G:		WEIGH	IT CLASS	S (Color)	i:			
ORIGIN:										NATION:											
AUTHORIZED COU MAY BE REQUIRED.	NTY HI	IGHW <i>A</i>	AYS-CIT	TY AND	OR STAT	TE PERI	MITS RI	EQUES	STED R	OUTE:											
PILOT CAR YES	s [	] NO																			
	_																				
APPLICANT SIGNATURE:															ATE:						
AUTHORIZED COUNTY AGENT:														[	ATE:						
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