

# CITY OF BURLINGAME

## TRANSPORTATION PERMIT

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

PERMIT VALID FROM:	PERMIT NUMBER:
TO: MOVING AUTHORIZED SATURDAY:	PERMIT IS NOT VALID W/O THE FOLLOWING ATTACHMENTS: <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
SUNDAY:	
DARKNESS (CVC280):	

NAME:	EMAIL:	
ADDRESS:		
CITY/STATE/ZIP:		
OFFICE PHONE NUMBER (INCLUDE AREA CODE)	FAX NUMBER (INCLUDE AREA CODE)	
(SHOW A DESCRIPTION OF THE LOAD OR EQUIPMENT AND MODEL NO. - INCLUDE DIMENSIONS OF LOAD) <i>Authorization is granted for the following:</i> <input type="checkbox"/> Haul <input type="checkbox"/> Drive <input type="checkbox"/> Tow		

### DESCRIPTION OF EQUIPMENT: \_\_\_\_\_

	VEHICLE WIDTH:			KINGPIN TO LAST AXLE:			COMB. VEHICLE LENGTH:		
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 SHOWN ABOVE ARE NOT AUTHORIZED**

LOADED HEIGHT:	LOADED WIDTH:	LOADED OVERALL LENGTH:	LOADED OVERHANG:	WEIGHT CLASS:
ORIGIN:			DESTINATION:	
AUTHORIZED ROADS-OTHER AGENCY PERMITS ARE REQUIRED WHEREVER THE * IS SHOWN ON THE ROUTE FROM - TO DESTINATIONS				
PILOT CAR <input type="checkbox"/> YES <input type="checkbox"/> NO				
CHECK NO.	FEE	NUMBER OF TRIPS	APPLICANT SIGNATURE	DATE:
ACTUAL CHECK RECEIVED <input type="checkbox"/>				
CITY REPRESENTATIVE			CONTACT PERSON	
DATE				