

Transportation Permit

CITY OF NEEDLES * CALIFORNIA



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:

Company Name: _____
 Address: _____
 City/State/Zip _____
 Office Phone Number: _____
 Office FAX Number: _____
 Applicant Contact: _____
Applicant Signature: _____

CERTIFICATION OF INSURANCE IS REQUIRED

ALLOW FIVE (5) FOR APPROVALS

PERMIT VALID:

_____ \$ _____
 Date(s) Arrival Time Fees Due

MOVING will only be authorized between REGULAR BUSINESS HOURS OF 7:10 a.m. to 2:30 p.m., Monday thru Friday. There WILL BE NO authorized moving on Saturday or Sunday or between Sunset and Sunrise.

MOVING THROUGH THE CITY WITHOUT A TRANSPORTATION PERMIT is a violation of Ordinance. 490, sec. 13-34.1 of the Needles Municipal Code.

Authorized City Rep Signature
 (Without this signature this permit is not valid)

DESCRIPTION OF THE LOAD OR EQUIPMENT AND MODEL NO:				<input type="checkbox"/> Haul <input type="checkbox"/> Drive <input type="checkbox"/> Tow Pilot Car <input type="checkbox"/> Yes <input type="checkbox"/> No REQUIRED ON LOADS EXCEEDING 12' WIDE			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 SIDEWALLS									
MAXIMUM ALLOWABLE WEIGHT						USE WEIGHT NUMBER DO NOT USE "WEIGHT COLOR CODE"			
NOT TO EXCEED DIMENSIONS SHOWN BELOW OR AXLE WEIGHTS SHOWN ABOVE									
LOADED HEIGHT:	LOADED WIDTH:	LOADED OVERALL LENGTH:			LOADED OVERHANG:		LOADED WEIGHT:		
ORIGIN: (Road or Freeway Exit to City Limits)					DESTINATION: (Road or Freeway Exit to City Limits)				
~ CITY ROUTE MAP WILL BE ISSUED WITH PERMIT ISSUENCE ~									
<u>NOTIFICATION AND REQUIRED SIGNATURES TO BE OBTAINED BY THE APPLICANT PRIOR TO MOVING IN THE CITY OF NEEDLES</u>									
SHERIFF (760) 326-9200 (760) 326-9211 FAX		FRONTIER TELEPHONE (760) 326-4200 (760) 326-2958 FAX		RAPID CABLE (760) 326-2030 (760) 326-2033 FAX		ELECTRIC (City of Needles)			
Signature Required		Signature Required		Signature Required		Signature Required			
Fees Due		Fees Due		Fees Due		Fees Due			
\$		\$		\$		\$			