



APPLICATION AND PERMIT CENTER

APPLICATION FOR AN ANNUAL TRANSPORTATION PERMIT

PLEASE PRINT LEGIBLY OR TYPE

NAME		PREMIUM BILLING ACCOUNT #	
ADDRESS**			
CITY	STATE	ZIP CODE	
CONTACT PERSON	PHONE # ()	FAX # ()	
THE FAX NUMBER MUST BE AVAILABLE 24HRS PER DAY 7 DAYS PER WEEK TO RECEIVE UPDATES TO ROUTES AUTHORIZED FOR ANNUAL TRANSPORTATION PERMITS AND/OR RESTRICTED ROUTES			
MAILING ADDRESS		EMAIL ADDRESS	
CITY	STATE	ZIP CODE	

MEASURE IN FEET AND INCHES ONLY

VEHICLE WIDTH	KINGPIN TO LAST AXLE			SEMI-TRAILER LENGTH			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 SIDEWALL									
MAX ALLOWABLE WEIGHT									

LOADED HEIGHT 15'0" MAX	LOADED WIDTH 14'0" MAX	LOADED OVERALL LENGTH LEGAL	LOADED OVERHANG LEGAL	WEIGHT CLASS <u> </u> LEGAL <u> </u> GREEN <u> </u> PURPLE* <small>*LOADS MAY NOT EXCEED PURPLE CLASSIFICATION</small>
<input type="checkbox"/> TRUCKS W/MORE THAN 20K LBS ON STEERING AXLE VIN# / COPY OF CALTRANS INSPECTION REPORT REQUIRED _____				
<input type="checkbox"/> TOWS/DRIVES – COPY OF CALTRANS INSPECTION REPORT REQUIRED				
<input type="checkbox"/> UNLADEN 7 / 9 AXLE – COPY OF CALTRANS INSPECTION REPORT REQUIRED				
<input type="checkbox"/> TOW TRUCKS – VIN # REQUIRED _____				
<input type="checkbox"/> MOBILE HOME				

NUMBER OF PERMITS REQUESTED _____ @ \$90.00 EA _____

SIGNATURE _____ DATE _____

NOTES:

****MUST HAVE PHYSICAL ADDRESS NO P.O. BOXES****

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