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

14’0” MAX

LEGAL

LEGAL

WEIGHT CLASS

_____ LEGAL

_____ GREEN

_____ PURPLE*

*LOADS MAY NOT EXCEED PURPLE CLASSIFICATION

☐ TRUCKS W/MORE THAN 20K LBS ON STEERING AXLE VIN# / COPY OF CALTRANS INSPECTION REPORT REQUIRED

☐ TOWS/DRIVES – COPY OF CALTRANS INSPECTION REPORT REQUIRED

☐ UNLADEN 7 / 9 AXLE – COPY OF CALTRANS INSPECTION REPORT REQUIRED

☐ TOW TRUCKS – VIN # REQUIRED

☐ MOBILE HOME

NUMBER OF PERMITS REQUESTED @ $90.00 EA

SIGNATURE _______________________________ DATE __________________

NOTES:

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

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