CITY OF MARTINEZ
TRANSPORTATION PERMIT

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:

PERMIT VALID	PERMIT NUMBER
FROM:	
TO:	This Permit is not valid without the following accompaniments:

NAME:	MOVEMENT AUTHORIZED	PERMIT CONDITIONS
ADDRESS:	SATURDAY:	☐ Pilot Car Special Conditions
CITY/STATE/ZIP:	SUNDAY:	☐ Inspection Report
OFFICE PHONE # (including Area Code)	DARKNESS: (CVC280)	☐ SC MH
OFFICE FAX # (including Area Code)		☐ SC 3AM
DESCRIPTION OF THE LOAD OR EQUIPMENT AND MODEL NO. ☐ HAUL ☐ DRIVE ☐ TOW		☐ Curfew Maps (LA SAC SD SF)
		☐
DIMENSIONS OF LOAD:		☐
DESCRIPTION OF HAULING EQUIPMENT:		☐

VEHICLE WIDTH:	SEMI-TRAILER LENGTH	KINGPIN TO LEFT 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 SIDEWALL									
MAXIMUM ALLOWABLE WEIGHT									

LOADED HEIGHT:	LOADED WIDTH	LOADED OVERALL LENGTH	LOADED OVERHANG	WEIGHT CLASS

ORIGIN (INCLUDE CITY/TOWN AND ON RAMP/CROSS STREET	DESTINATION (INCLUDE CITY/TOWN AND EXIT RAMP/CROSS STREET

AUTHORIZED STATE HIGHWAYS - CITY AND/OR COUNTY PERMITS MAY BE REQUIRED WHENEVER THE * IS SHOWN IN THE STATE ROUTE	CERTIFICATE OF INSURANCE COMPANY AND NUMBER

PILOT CAR ☐ YES ☐ NO

REQUESTED ROUTE:

CASH, CHARGE OR EXEMPT INFO:		APPLICANT SIGNATURE		DATE:
	FEE: $	NO. OF TRIPS		

MTZ REV APR01

APPLICANT CONTACT PERSON (PLEASE PRINT)