

# ANNUAL TRANSPORTATION PERMIT

**CITY OF DIXON**  
**600 EAST A STREET, DIXON, CA 95620**  
**TELEPHONE (707) 678-7030 FAX (707) 678-7039**

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

<p>PERMIT VALID:                  DATE: _____                  TIME: 9:00 AM - 12:00 PM                  1:00 PM - 4:00 PM                  6:00 PM - DUSK</p> <p>MOVING AUTHORIZED:                  SATURDAY: <input type="checkbox"/>                  SUNDAY: <input type="checkbox"/>                  DARKNESS: <input type="checkbox"/></p>	<p>PERMIT NUMBER: _____</p> <p>THIS PERMIT IS NOT VALID WITHOUT THE FOLLOWING ATTACHMENTS:  <input checked="" type="checkbox"/> PERMIT CONDITIONS  <input type="checkbox"/> HOLIDAY RESTRICTIONS  <input checked="" type="checkbox"/> TRUCK ROUTE MAP  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/></p>
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NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

OFFICE PHONE NUMBER (INCLUDE AREA CODE) \_\_\_\_\_ FAX NUMBER (INCLUDE AREA CODE) \_\_\_\_\_

(SHOW A DESCRIPTION OF THE LOAD AND MODEL NO. - INCLUDE DIMENSIONS OF LOAD)  
 AUTHORIZATION IS GRANTED FOR THE FOLLOWING:  
 HAUL     DRIVE     TOW

DESCRIPTION OF HAULING EQUIPMENT: \_\_\_\_\_

AXLE NUMBER	VEHICLE WIDTH:			SEMI-TRAILER LENGTH:		KINGPIN TO LAST AXLE:		COMB. VEHICLE LENGTH:	
	1	2	3	4	5	6	7	8	9
NUMBER OF TIRES PER AXLE									
DISTANCE BETWEEN AXLES									
AXLE WIDTH AT SIDEWALL									
MAXIMUM WEIGHT									

**LOADED DIMENSIONS GREATER THAN THOSE SHOWN OR WEIGHTS EXCEEDING THOSE SHOW ABOVE ARE NOT AUTHORIZED**

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

ORIGIN: \_\_\_\_\_ DESTINATION: \_\_\_\_\_

AUTHORIZED STATE HIGHWAYS - CITY AND/OR COUNTY PERMITS ARE REQUIRED WHEREVER THE \* IS SHOWN IN THE STATE ROUTE

**PILOT CAR:**     YES     NO    NOTE: PILOT CAR REQUIRED FOR WIDTHS GREATER THAN 12'0" or GREATER THAN 10'0" AS REQUIRED BY THE CITY ENGINEER

CASH, CHARGE, CREDIT CARD OR EXEMPT INFORMATION	APPLICANT SIGNATURE	DATE
CREDIT CARD EXP. DATE	FEE \$88.00	NUMBER OF TRIPS UNLIMITED
	AUTHORIZED CITY AGENT	DATE

REQUESTED ROUTE: (INCLUDE ADDRESS OF ORIGIN AND DELIVERY SITE) \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_