



"Blossom Trail City"

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

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

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

OFFICE PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

MOBILE: \_\_\_\_\_

PROVIDE A DESCRIPTION OF THE LOAD OR EQUIPMENT AND MODEL NO.: INCLUDE DIMENSIONS OF LOAD:

Authorization is granted for the following:  HAUL  DRIVE  TOW

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

	Vehicle Width:			Kingpin To Last Axle:			Comb. Vehicle Length:		
AXLE NO.	1	2	3	4	5	6	7	8	9
NO. TIRES/AXLE									
DISTANCE BETWEEN AXLES									
WIDTH OF AXLES AT TIRE SIDEWALL									

**LOADED DIMENSIONS GREATER THAN THOSE SHOWN BELOW OR WEIGHT EXCEEDING THOSE SHOWN ABOVE ARE NOT AUTHORIZED**

<b>LOADED HEIGHT:</b>	<b>LOADED WIDTH:</b>	<b>Loaded OVERALL LENGTH:</b>	<b>LOADED OVERHANG:</b>	<b>WEIGHT CLASS:</b>
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ORIGIN: \_\_\_\_\_

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

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

PILOT CAR YES NO

CASH, CHECK, EXEMPT INFORMATION DATE

APPLICANT SIGNATURE

FEE \$ DATE

NUMBER OF TRIPS

AUTHORIZED CITY AGENT

REQUESTED ROUTE: (Include Address of Origin and Delivery Site)