



TRANSPORTATION PERMIT
CITY OF NEWARK ENGINEERING
 37101 Newark Blvd., Newark, California 94560-3796

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 _____

PERMIT VALID:
 FROM: _____
 TO: _____

MOVING AUTHORIZED:
 SATURDAY YES
 SUNDAY YES
 DARKNESS YES

CITY OF NEWARK PERMIT NUMBER

CITY OF NEWARK APPROVAL

Signature

INSURANCE EXPIRATION DATE
 ____/____/____

OFFICE PHONE NO. (INCLUDE AREA CODE) _____ FAX NO. (INCLUDE AREA CODE) _____

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

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

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

LOADED HEIGHT	LOADED WIDTH	LOADED OVERALL LENGTH	LOADED OVERHANG	WEIGHT CLASS
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ORIGIN _____ DESTINATION _____

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

ROUTE THROUGH THE CITY OF NEWARK (BE SPECIFIC) NOTE: MUST BE CITY-APPROVED TRUCK ROUTES

PILOT CAR YES NO

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

REQUESTED ROUTE (include Address of Origin and Delivery Site) _____

CONTACT PERSON _____