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  

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

<table>
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<tr>
<th>AXLE NUMBER</th>
<th>VEHICLE WIDTH</th>
<th>KINGPIN TO LAST AXLE</th>
<th>COMB. VEHICLE LENGTH</th>
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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

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

Distribution:  Original – Office / Copy – Applicant
F:\Shared\PUB\WRKS\0\MASTERFORMS\TransportationPermitForm.doc