

CITY OF HAWTHORNE WIDE LOAD / OVERLOAD TRANSPORTATION PERMIT

10000

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

DATE: _____

TRANSPORTER	
ADDRESS	
CITY / STATE	EMERGENCY / 24-HR. PHONE NO.
PHONE	AGENTS PHONE NO.

PERMIT VALID BETWEEN	
AM	/ /
PM	/ /
AND SUNSET	
MOVING AUTHORIZED	
	YES NO
SATURDAY	<input type="checkbox"/> <input type="checkbox"/>
SUNDAY	<input type="checkbox"/> <input type="checkbox"/>
SUNSET TO SUNRISE	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> INSURANCE ON FILE.	
EXPIRATION: _____	
WIDE LOAD PERMIT	
<input type="checkbox"/> SINGLE TRIP	<input type="checkbox"/> ANNUAL
PUBLIC WORK'S REPRESENTATIVE	
SENDING STATION	RECEIVING STATION

PERMITTEE'S / AUTHORIZED AGENT (SIGNATURE) X _____ DATE _____	
<input type="checkbox"/> HAUL	LOAD OR EQUIPMENT AND MODEL NO.:
<input type="checkbox"/> DRIVE	
<input type="checkbox"/> TOW	
VEHICLE TYPE:	VEHICLE LICENSE PLATE NUMBER:
KING PIN TO LAST AXLE	COMB. VEHICLE LENGTH

LOADED DIMENSIONS DIFFERENT THAN OR WEIGHTS EXCEEDING THOSE SHOWN BELOW ARE NOT VALID.

MAX. HEIGHT:	MAX. WIDTH:			MAX. OVERALL LENGTH:				MAX. OVERHANG:	
AXLE NUMBER	1	2	3	4	5	6	7	8	9
NUMBER TIRES									
AXLE SPACING									
AXLE WIDTH									
WEIGHT									

ORIGIN (ADDRESS, STREET AND CITY):	DESTINATION (ADDRESS, STREET, AND CITY):
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AUTHORIZED ROADS / STREETS / HIGHWAYS:	* OTHER AGENCY'S PERMITS MAY BE REQUIRED.

PILOT CAR <input type="checkbox"/> YES <input type="checkbox"/> NONE REQUIRED NO. OF TRIPS: _____	** If over 12 feet wide, One (1) Pilot Car required. ** If over 14 feet wide, Two (2) Pilot Cars required.

ATTACHMENTS

ROUTE MAP (MAP WITH THE ROUTE OF TRAVEL MUST ACCOMPANY THIS PERMIT TO BE VALID.)

<input type="checkbox"/> CASH <input type="checkbox"/> CHECK # _____ <input type="checkbox"/> EXEMPT	TOTAL FEE: \$ _____
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