

APPENDIX 25 TRANSPORTATION PERMIT FORM DM-M-P-16

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:

NAME _____ ADDRESS _____ CITY/STATE _____ PHONE _____ HCD. NO. _____		PERMIT VALID BETWEEN								
		AM // / PM // /								
		AND SUNSET // /								
		MOVING AUTHORIZED								
		SATURDAY <input type="checkbox"/> <input type="checkbox"/>	YES NO	AUTHORIZED STATE REPRESENTATIVE TELECOPIED PERMITS NOT VALID WITHOUT SEAL.						
		SUNDAY <input type="checkbox"/> <input type="checkbox"/>								
		SUNSET TO SUNRISE <input type="checkbox"/> <input type="checkbox"/>								
<input type="checkbox"/> TRAILER	LOAD OR EQUIPMENT AND MODEL NO. _____									
<input type="checkbox"/> DRIVE	_____									
<input type="checkbox"/> TOW	_____									
TYPE VEHICLE _____										
KING PIN TO LAST AXLE _____		COMB. VEHICLE LENGTH _____		SENDING STATION RECEIVING STATION						
LOADED DIMENSIONS DIFFERENT THAN OR WEIGHTS EXCEEDING THOSE SHOWN BELOW ARE NOT AUTHORIZED										
MAX HEIGHT _____		MAX WIDTH _____		MAX OVERHANG _____						
AXLE NUMBER	1	2	3	4	5	6	7	8	9	
NUMBER TIRES										
AXLE SPACING										
AXLE WIDTH										
WEIGHT										
ORIGIN _____					DESTINATION _____					TRIPS _____
AUTHORIZED STATE HIGHWAYS * COUNTY AND/OR CITY PERMITS REQUIRED.										
PROT CAR <input type="checkbox"/> YES <input type="checkbox"/> NONE REQUIRED										
					ATTACHMENTS <input checked="" type="checkbox"/> PERMIT CONDITIONS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
<input type="checkbox"/> CASH <input type="checkbox"/> CHARGE FEE <input type="checkbox"/> EXEMPT \$ _____		<i>I CERTIFY THAT ALL COUNTY AND/OR CITY TRANSPORTATION PERMITS HAVE BEEN OBTAINED IF THIS PERMIT IS FOR TOWING A MOTORHOME.</i>								
			AUTHORIZED AGENT SIGNATURE _____			DATE // /				