STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION

TRANSPORTATION PERMIT RIDER

TR-0017 (NEW 5/2000)

ADA Notice

For individuals with sensory disabilities, this document is available in alternate formats. For information, call (916) 445-1233, TTY 711, or write to Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814.

TO BE ATTACHED TO AND MADE A PART OF TRANSPORTATION PERMIT NUMBER:				STATE USE ONLY EFFECTIVE:						
				EXPIRES SU	NSET:					
PERMITTEE:							PERMIT NUMI	PERMIT NUMBER		
ADDRESS:										
PHONE #:		FAX #:	FAX #:					PAGE OF		
AUTHORIZED AGENT:				DATE:			AUTHORIZED STATE AGENT			
			STATE	USE ONLY						
	AXLE NUMBER	9	10	11	12	13	14	15		
	NUMBER OF TIRES PER AXLE									
	DISTANCE BETWEEN AXLES									
	WIDTH OF AXLES AT TIRE SIDEWALL									
	MAXIMUM ALLOWABLE WEIGHT					l				
		1								
								CASH CK/CC#:		
								CHARGE DB #:		
								EXEMPT		
								NO CHARGI	E	
							F	EE: \$		

THIS RIDER DOES NOT NULLIFY NOR MAKE VOID ANY CITATION ISSUED TO THE ORIGINAL PERMIT. EXCEPT AS AMMENDED ABOVE ALL OTHER ITEMS AND PROVISIONS OF THE ORIGINAL PERMIT SHALL REMAIN IN EFFECT. THIS RIDER MUST BE ATTACHED TO THE ORIGINAL PERMIT.