

ANNUAL TRIP TRANSPORTATION PERMIT APPLICATION

P.O. Box 4186
San Rafael, CA 94913

PHONE: (415) 473-3755
FAX No: (415) 473-3799

TRANSPORTER COMPANY NAME		HAUL <input type="checkbox"/>	LOAD OR EQUIPMENT							
TRANSPORTER COMPANY ADDRESS			DRIVE <input type="checkbox"/>							
TRANSPORTER COMPANY CITY, STATE, ZIP CODE				TOW <input type="checkbox"/>						
TRANSPORTER COMPANY PHONE										
TRANSPORTER COMPANY EMAIL										
TYPE VEHICLE										
KINGPIN TO LAST AXLE										
COMB. VEHICLE LENGTH										
LOADED DIMENSIONS DIFFERENT THAN OR WEIGHTS EXCEEDING THOSE SHOWN BELOW ARE NOT AUTHORIZED										
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										

Applicant agrees to comply with the rules and regulations of the Marin County Department of Public Works subject to its inspection and approval.

THIS PERMIT IS TO BE STRICTLY CONSTRUED AND ANY WORK OTHER THAN THAT SPECIFICALLY MENTIONED ABOVE WILL RENDER THIS PERMIT NULL AND VOID.

THE USE OF THIS PERMIT IS PRIMA FACIE EVIDENCE THAT THE DRIVER HAS CHECKED THE LOAD AND/OR VEHICLE AND KNOWS IT TO BE WITHIN THE LIMITS AS SET FORTH HEREIN AND HAS VERIFIED THE ROUTING FOR ACCURACY.

This is an annual permit and is not valid when copied.

Applicant's Name - PRINT

Applicant's Signature

Applicant's Mailing Address

City State Zip Code

Applicant's Area Code/Telephone Number

Applicant's Email Address