

County of Marin
Department of Public Works
ANNUAL TRIP TRANSPORTATION PERMIT

PERMIT NO. _____

P.O. BOX 4186
 SAN RAFAEL, CA 94913

PHONE: (415) 473-6549
 FAX: (415) 473-3799

NAME	<input type="checkbox"/>	LOAD OR EQUIPMENT
ADDRESS	<input type="checkbox"/>	
	<input type="checkbox"/>	
PHONE	PERMIT IS EFFECTIVE	
FAX	FROM _____	
TYPE VEHICLE	THROUGH _____	
KINGPIN TO LAST AXLE	PROPOSED ROUTE:	
COMB. VEHICLE LENGTH		
SIGNED _____ DATE _____		
LOADED DIMENSIONS DIFFERENT THAN OR WEIGHTS EXCEEDING THOSE SHOWN BELOW ARE NOT AUTHORIZED		
MAX HEIGHT	MAX WIDTH	MAX OVERALL LENGTH
AXLE NUMBER	1	2
NUMBER TIRES	3	4
AXLE SPACING	5	6
AXLE WIDTH	7	8
WEIGHT (GREEN LOAD MAX)	9	
ORIGIN	DESTINATION	TRIPS

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.

 Applicants Name - PRINT

 Applicants Signature

 Mailing Address

 City State Zip Code

 Area Code/Telephone Number

 Area Code/Fax Number