



**COUNTY OF HUMBOLDT  
DEPARTMENT OF PUBLIC WORKS  
TRANSPORTATION PERMIT REQUEST**

<b>FAX COMPLETED FORM WITH: COPY OF STATE PERMIT AND COPY OF CHECK TO: 707-445-7388, ATTENTION: PERMIT SPECIALIST</b>  <b>(PHONE 707-445-7205) MAIL CHECK TO: 3033 H STREET, ROOM 17, EUREKA CA 95501-4409</b>	<b>DATES REQUESTED</b>  <b>FROM:</b>  <b>TO:</b>																				
NAME:  ADDRESS:  CITY/STATE/ZIP:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td align="center" colspan="4"><b>MOVEMENT AUTHORIZED</b></td> </tr> <tr> <td></td> <td align="center">3AM</td> <td align="center">YES</td> <td align="center">NO</td> </tr> <tr> <td>SATURDAY:</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input checked="" type="checkbox"/></td> </tr> <tr> <td>SUNDAY:</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input checked="" type="checkbox"/></td> </tr> <tr> <td>DARKNESS (CVC 280)</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input checked="" type="checkbox"/></td> </tr> </table>	<b>MOVEMENT AUTHORIZED</b>					3AM	YES	NO	SATURDAY:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SUNDAY:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	DARKNESS (CVC 280)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>MOVEMENT AUTHORIZED</b>																					
	3AM	YES	NO																		
SATURDAY:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																		
SUNDAY:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																		
DARKNESS (CVC 280)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																		
CUSTOMER CONTACT:	NUMBER OF TRIPS <b>(\$16 PER TRIP):</b>																				

Saturday, Sunday, and/or darkness movement is by **written special request only** and requires Director of Public Works approval. Please call for processing time and required details.

OFFICE PHONE NUMBER (INCLUDE AREA CODE)	FAX PHONE NUMBER (INCLUDE AREA CODE)
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DESCRIPTION OF LOAD OR EQUIPMENT AND MODEL No.:  HAUL     DRIVE     TOW

DIMENSIONS OF LOAD:

DESCRIPTION OF HAULING EQUIPMENT

VEHICLE WIDTH:	KING PIN TO REAR AXLE LENGTH:	SEMI-TRAILER LENGTH:	COMB. VEHICLE LENGTH:
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**KINGPIN TO REAR AXLE LENGTH DOES NOT APPLY TO 48' TRAILERS ON THE CA NATIONAL NETWORK AND TERMINAL ROUTES**

AXLE NUMBER	1	2	3	4	5	6	7	8	9	10	11
NUMBER OF TIRES PER AXLE											
DISTANCE BETWEEN AXLES											
WIDTH OF AXLES AT TIRE SIDEWALLS											
MAXIMUM ALLOWABLE WEIGHT											

**NOT TO EXCEED THE DIMENSIONS SHOWN BELOW OR AXLE WEIGHTS SHOWN ABOVE**

MAXIMUM HEIGHT:	MAXIMUM WIDTH:	MAXIMUM OVERALL LENGTH:	MAXIMUM OVERHANG:
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ORIGIN:	DESTINATION:
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**REQUESTED ROUTE:**

PERMIT SERVICE NAME:	PERMIT SERVICE CONTACT:	PERMIT SERVICE PHONE:
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