

Please save form before hitting the Submit button



Physical Location: 2220 Tulare Street, 10th Floor

IN COMPLIANCE WITH YOUR REQUEST AND SUBJECT TO ALL THE TERMS  
CONDITIONS AND RESTRICTIONS WRITTEN BELOW AND THE  
ATTACHMENTS PERMISSION IS HEREBY GRANTED TO:

NAME		
ADDRESS		
CITY/STATE/ZIP		
PHONE NUMBER <i>(Include Area Code)</i>	FAX NUMBER <i>(Include Area Code)</i>	EMAIL

**PERMIT VALID:**

\_\_\_\_\_

FROM: \_\_\_\_\_

TO: \_\_\_\_\_

**MOVING AUTHORIZED:**

	YES	NO
SATURDAY	<input type="checkbox"/>	<input type="checkbox"/>
SUNDAY	<input type="checkbox"/>	<input type="checkbox"/>
DARKNESS (CVC280)	<input type="checkbox"/>	<input type="checkbox"/>

<h2 style="margin: 0;">PERMIT NUMBER</h2> <div style="border-bottom: 1px solid black; height: 20px; margin-top: 10px;"></div>	<p>Issued: _____</p>
<p><b>THIS PERMIT IS NOT VALID WITHOUT THE FOLLOWING ATTACHMENTS</b></p>	
<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px; border: 1px solid black; margin: 0 auto;"></div> </div>	<div style="border-bottom: 1px solid black; height: 20px; margin-top: 10px;"></div>
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DESCRIPTION OF THE LOAD OR EQUIPMENT AND MODEL NO. ☐ HAUL ☐ DRIVE ☐ TOW

[illegible]

**LOADED DIMENSIONS GREATER THAN THOSE SHOWN BELOW OR WEIGHTS EXCEEDING THOSE SHOWN ABOVE ARE NOT AUTHORIZED**

LOADED HEIGHT: _____	LOADED WIDTH: _____	LOADED OVERALL LENGTH: _____	LOADED OVERHANG: _____	WEIGHT CLASS: _____
ORIGIN: _____			DESTINATION: _____	

[illegible]

<b>PILOT CAR</b> <input type="checkbox"/> YES <input type="checkbox"/> NONE REQUIRED			REQUIRED IF LOAD EXCEEDS 10'0" WIDE ON ROADS EAST OF FRIANT-KERN CANAL OR WEST OF INTERSTATE 5 BETWEEN MERCED COUNTY LINE & SR 33 PLUS ALL ROADS LOCATED WEST OF COALINGA.    (OR) IF LOAD EXCEEDS 12'0" WIDE ON ALL OTHER FRESNO COUNTY ROADS.	
<input type="checkbox"/> ANNUAL (\$27) <input type="checkbox"/> SINGLE (\$16)				
<input type="checkbox"/> TRIP NO. (\$6) <input type="checkbox"/> REPETITIVE (\$24)				
<input type="checkbox"/> CASH <input type="checkbox"/> CHARGE <input type="checkbox"/> EXEMPT			APPLICANT SIGNATURE	DATE
ACCT#	FEE	NUMBER OF TRIPS	AUTHORIZED COUNTY REPRESENTATIVE	DATE