

<b>COUNTY OF KERN</b> <b>ROADS DEPARTMENT</b> 2700 M Street, Suite 400 Bakersfield, California 93301		<b>PERMIT VALID:</b>  FROM:  TO:		<b>PERMIT NUMBER</b>					
<b>TRANSPORTATION PERMIT</b> (661) 862-8827      FAX (661) 862-8988 or 862-8987		<b>MOVING AUTHORIZED:</b>  SATURDAY:  SUNDAY:  DARKNESS: (CVC 280)		<b>THIS PERMIT IS NOT VALID WITHOUT THE FOLLOWING ATTACHMENTS</b>					
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		NUMBER OF TRIPS		<input checked="" type="checkbox"/> General Provisions					
ADDRESS				<input type="checkbox"/> Holiday Restrictions					
CITY/STATE/ZIP				<input type="checkbox"/> CHP Route Review					
OFFICE PHONE NUMBER									
FAX NUMBER									
(SHOW A DESCRIPTION OF THE LOAD OR EQUIPMENT - INCLUDE DIMENSIONS OF LOAD)									
Authorization is granted for the following: <input type="checkbox"/> Haul <input type="checkbox"/> Drive <input type="checkbox"/> Tow									
DESCRIPTION OF HAULING EQUIPMENT:									
		VEHICLE WIDTH:		KINGPIN TO LAST AXLE:					
		COMB. VEHICLE LENGTH:							
AXLE NUMBER	1	2	3	4	5	6	7	8	9
NUMBER TIRES PER AXLE									
DISTANCE BETWEEN AXLES									
WIDTH OF AXLES AT TIRE SIDE WALL									
MAXIMUM ALLOWABLE WEIGHT									
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:					
<b><u>AUTHORIZED COUNTY ROADS</u></b>									
Route :									
APPLICANT'S NAME (PLEASE PRINT)				APPLICANT'S SIGNATURE				DATE	
<b>DO NOT WRITE BELOW THIS LINE</b>									
Other permits may be required: <input type="checkbox"/> State <input type="checkbox"/> City of:									
<b>SPECIAL CONDITIONS</b>				AUTHORIZED AGENT				DATE	
PILOT CAR	FRONT <input type="checkbox"/>	REAR <input type="checkbox"/>	NONE <input type="checkbox"/>	IS REQUIRED ON _____					
C.H.P. Escort Required	YES <input type="checkbox"/>	NO <input type="checkbox"/>	FROM _____ TO _____						