

Department of Public Works
 915 8th Street, Suite 125
 Marysville, CA 95901
 (530) 749-5420
 FAX 749-5424

**YUBA COUNTY
 TRANSPORTATION REPORT**

One-trip Permit
 Blanket Permit
PERMIT No. _____

IN COMPLAINE WITH YOUR REQUESTS AND SUBJECT TO ALL OF THE TERMS, CONDITIONS, AND RESTRICTIONS WRITTEN BELOW AND THE ATTACHEMENTS, PERMISSION IS GRANTED TO:

Name		This permit effective only after sunrise on _____							
Address		TIME _____ and expires before sunset.							
City/State		EXPERATION DATE: _____							
Phone		Fax		Permit Fee: _____					
HAUL DRIVE TOW	LOAD OR EQUIPMENT AND MODEL NO.							Receipt #: _____	
	TRAILER MAKE:					SERIAL No.			
	TRANSPORTERS LICENSE # _____								
TYPE OF COMBINATION:									
LOADED DEMINISIONS DIFFERENT THAN OR WEIGHTS EXCEEDING THOSE SHOWN BELOW ARE NOT AUTHORIZED									
Max Height	Max Width	Max Overall-Length				Max Overhang	Gross Weight		
AXLE NUMBER	1	2	3	4	5	6	7	8	9
NUMBER TIRES									
AXLE SPACING									
AXLE WIDTH									
WEIGHT									
POINT OF ORIGIN _____									
DESTINATION _____									
ROUTE (over which County Roads)									

With exceptions noted, permittee must company with the Vehicle Code and prints provisions herein and on the attached sheet. Special attention is directed to provisions 5, 6, 8, 16, 17.

This permit is issued pursuant to Section 35780 of the Vehicle Code and does not waive applicable vehicle registration requirements. This permit is to be strictly construed and no work other than that specifically mentioned above is authorized hereby.

 AUTHORIZED AGENT SIGNATURE
 (APPLICANT)

YUBA COUNTY DEPARTMENT OF PUBLIC WORKS

BY: _____