



SINGLE TRIP TRANSPORTATION PERMIT

SUBJECT TO ALL THE TERMS, CONDITIONS AND RESTRICTIONS WRITTEN BELOW, IN THE ACCOMPANIMENTS, AND PER THE CALIFORNIA VEHICLE CODE, PERMISSION IS HEREBY GRANTED TO:

NAME: _____
 ADDRESS: _____
 CITY/STATE/ZIP: _____

PERMIT VALID:
 FROM: _____
 TO: _____
 MOVEMENT AUTHORIZED:
 SATURDAY: _____
 SUNDAY: _____
 DARKNESS:
 (CVC280): _____

PERMIT NUMBER: _____

This permit is not valid without the following attached (copies ok)

 PROVISIONS & CONDITIONS

OFFICE PHONE AND FAX NUMBERS (Including Area Code): _____ OFFICE EMAIL ADDRESS: _____

DESCRIPTION OF THE LOAD OR EQUIPMENT AND MODEL NO.: _____ HAUL DRIVE TOW

DIMENSIONS OF LOAD: _____

DESCRIPTION OF HAULING EQUIPMENT: _____

| VEHICLE WIDTH | SEMI-TRAILER LENGTH: | | | KINGPIN TO LAST AXLE: | | | COMB. VEHICLE LENGTH: | | |
|---------------------------------|----------------------|---|---|-----------------------|---|---|-----------------------|---|---|
| AXLE NUMBER | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| NUMBER OF TIRES PER AXLE | | | | | | | | | |
| DISTANCE BETWEEN AXLES | | | | | | | | | |
| WIDTH OF AXLES AT TIRE SIDEWALL | | | | | | | | | |
| MAXIMUM ALLOWABLE WEIGHT | | | | | | | | | |

NOT TO EXCEED DIMENSIONS SHOWN BELOW OR AXLE WEIGHTS SHOWN ABOVE

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

ORIGIN: _____ DESTINATION: _____

AUTHORIZED CITY ROUTES - STATE AND/OR COUNTY PERMITS MAY BE REQUIRED **PERMIT VALID FOR POSTED TRUCK ROUTES ONLY**
 with local access for pickup/delivery according to Section 35703 of the CVC

REQUESTED ROUTE: _____

- ADDITIONAL SUBMITTALS REQUIRED:**
1. Check in the fee amount of \$16.00 made payable to the City of Goleta.
 2. Insurance per Item 9 of the Provisions and Conditions.

PILOT CAR YES NO ***PILOT CAR REQUIRED ON LOADS EXCEEDING 12' WIDE

Pursuant to California Vehicle Code, Section 35780, this permit does NOT exempt the permittee from meeting the requirements set forth by the California Department of Transportation to operate extra-legal loads within the state right-of-way.

| | | | | |
|---|---------|-----------------|-----------------------|------|
| CASH, CHARGE, CREDIT CARD OR EXEMPT INFORMATION | | | APPLICANT SIGNATURE | DATE |
| CREDIT CARD EXP. DATE | FEE | NUMBER OF TRIPS | AUTHORIZED CITY AGENT | DATE |
| N/A | \$16.00 | One | | |

This permit authorizes travel within City of Goleta only. Permits from other Jurisdictions required outside of Goleta's jurisdiction.

APPLICANT CONTACT PERSON (PRINT) _____



**TRANSPORTATION PERMIT
SUPPLEMENTAL ACCOMPANIMENT
VEHICLE LIST**

| | |
|---|--|
| PERMIT VALID: FROM: _____ TO: _____ | PERMIT NUMBER: _____ |
| NAME: | OFFICE PHONE NUMBER <i>(Including Area Code)</i> |
| ADDRESS: | OFFICE FAX NUMBER <i>(Including Area Code)</i> |
| CITY/STATE/ZIP | OFFICE EMAIL ADDRESS |

Copy additional sheets as necessary and submit with your application.

VEHICLE DESCRIPTION:

| | | | | | | | | | |
|---------------------------------|------|---|---|-------------|---|---|-----|---|---|
| YEAR | MAKE | | | LICENSE NO. | | | VIN | | |
| AXLE NUMBER | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| NUMBER OF TIRES PER AXLE | | | | | | | | | |
| DISTANCE BETWEEN AXLES | | | | | | | | | |
| WIDTH OF AXLES AT TIRE SIDEWALL | | | | | | | | | |
| MAXIMUM ALLOWABLE WEIGHT | | | | | | | | | |

NOT TO EXCEED AXLE WEIGHTS SHOWN ABOVE

VEHICLE DESCRIPTION:

| | | | | | | | | | |
|---------------------------------|------|---|---|-------------|---|---|-----|---|---|
| YEAR | MAKE | | | LICENSE NO. | | | VIN | | |
| AXLE NUMBER | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
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