



TRANSPORTATION PERMIT

APPLICANT CONTACT INFORMATION

Date: _____
Name: _____
Address: _____
Phone: _____ Fax: _____ Email: _____

TRUCK INFORMATION

☐ Daily Trip Permit (\$16) ☐ Annual Permit (\$90) Night Travel: ☐ YES ☐ NO
Date(s) of Travel: _____ Time Frame: _____
(Within a 4 hour window – Avoid Commute Times)
Description of the Load or Equipment & Model No.: ☐ Haul ☐ Drive ☐ Tow
Request Route: _____
Dimensions of Load: _____ Description of Hauling Equipment: _____
Vehicle Width: _____ Semi-Trailer Length: _____
Kingpin to Last Axle: _____ Comb Vehicle Length: _____

Axle Number (1-13):	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 13
# Tires per Axle:													
Distance between Axles:													
Axles Width at Tire Sidewall:													
Maximum Allowable Weight:													

NOT TO EXCEED THE LOADED DIMENSIONS SHOWN BELOW OR AXLE WEIGHTS SHOWN ABOVE
(Please attach copy of your Caltrans Transportation Permit)

Loaded Height: _____ Loaded Width: _____ Loaded Overall Length: _____
Weight Class: ☐ Legal ☐ Green ☐ Purple Origin: _____
Pilot Car ☐ YES ☐ NO Destination: _____
Applicant Signature: _____ Date: _____
Contact Person During Haul (PRINT): _____ Phone: _____

FOR CITY USE ONLY

TOTAL DUE: \$ _____ Paid by: ☐ Cash ☐ Check # _____

Authorized City Agent: _____ Date: _____

Conditions: _____

CALL 8-HOURS BEFORE THE MOVE AT (209) 845-3600.

Issuer (Print Name) _____
Permit No. _____
Date Issued _____

PUBLIC WORKS STAMP (Permit invalid if not stamped)

MOVEMENT AUTHORIZED: PERMIT VALID FOR 7 CONSECUTIVE DAYS

Rev. 2/1/2026