CITY OF MANTECA														
TRANSPORTATION PERMIT						PERMIT VALID: FROM:			PERMIT NUMBER:					
					то:									
IN COMPLIANCE WITH YOUR F					-									
CONDITIONS AND RESTRICTIONS WRITTEN BELOW AND IN THE ACCOMPANIMENTS, PERMISSION IS HEREBY GRANTED TO:						MOVEMENT AUTHORIZED:				THIS PERMIT IS NOT VALID WITHOUT THE FOLLOWING ACCOMPANIMENTS:				
						PERMIT VALID FOR				Permit Conditions 04/2007				
NAME:						1 YEAR								
ADDRESS:						SEE 24/7 TRAVEL CONDITIONS FOR AUTHORIZED TIMES OF MOVEMENT.  NO NIGHT TRAVEL  R (Including Area Code):								
ADDRESS:										Calif Vehic	e Inspe	ction R	eport	
CITY/STATE/ZIP:										SC MH	ME	d Certific	cation	
										Pilot Car S	pecial (	<u> Conditio</u>	ns	
OFFICE PHONE NUMBER (Including Area Code): OFFICE FAX NUMBER										Curfew Ma	ps [] A	SAC S	D SF	
DESCRIPTION OF THE LOAD O	P FOILIPMEN	IT AND MODEL I	<u> </u>			<u> </u>							<u> </u>	
SECONII HON OF THE EORD O	A EGOII MEN	T AILD MODEL	NO. HAL	JL	☐ DRIV	E	∐ том	'	_	SC Holiday	Condit	ions		
DIMENSIONS OF LOAD:									Ш					
DESCRIPTION OF HAULING EG	QUIPMENT:								П					
VEHICLE KINGPIN TO SEMI-						TRAILER				COMB VEHICLE				
VEHICLE WIDTH:		AXLE:		LENGT				LENG		ICLE				
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														
VELIGITI	NOT TO I	EXCEED THE LO	ADED DIMENSION	ONS SHOWN	N BELOW O	R AXLE	WEIGHTS SH	HOWN ABO						
LOADED HEIGHT: LOADEI	D WIDTH:	LOADED	OVERALL LENG	STH:		LOA	DED OVERH	IANG:		WEIGHT C	LASS:			
DRIGIN:				Ins	ESTINATION									
SIXIONY.						••								
AUTHORIZED STATE HIGHWAYS - CITY AND/OR COUNTY PERMITS						For office use only								
MAY BE REQUIRED WHENEVE	R THE * IS SH	HOWN IN THE S	TATE ROUTE.											
											—	—		
PILOT CAR YES	] NO													
	<u>.,</u>													
CASH, CHARGE, CREDIT CARE	OR EXEMPT	INFORMATION		APPLICAN	NT SIGNATI	IRF:				DATE	<u></u>			
one, on moe, one on oak	ON EXCISION	ORWATION.		I LIOAI	TO SONAT									
CREDIT CARD EXP. DATE: FEE:			NUMBER OF TRIPS:		AUTHORIZED STATE AGENT:					DATE	<u>=</u> :			
	\$ 90.00		NY - 1.											
REQUESTED ROUTE: (Include A	Address of Orig	gin and Delivery S	inte):											
						Icor	NTACT PERS	ON (PRINIT	<u> </u>					
						[CO1	NTACT PERS	ON (PRINT	):					