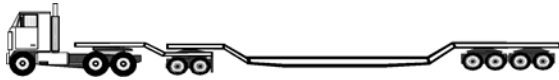


City of Rancho Cucamonga Engineering Division
 10500 Civic Center Drive, Rancho Cucamonga, CA 91730
 (909) 477-2740 Fax (909) 477-2741

OVERSIZE LOAD PERMIT



PERMIT VALID BETWEEN:
 FROM: _____ TO: _____
 SINGLE 30 DAY ANNUAL

PERMIT NUMBER: _____
 PERMIT FEE: _____
 RECEIVED BY: _____
 RECEIPT NUMBER: _____

MOVING AUTHORIZED
 SATURDAY YES NO
 SUNDAY YES NO
 SUNSET TO SUNRISE YES NO

THIS PERMIT NOT VALID WITHOUT THE FOLLOWING ATTACHMENTS

Name: _____

Address: _____

City/State/Zip: _____, _____

Phone Number: _____

Fax Number: _____

(Show a Description of Load or Equipment and Model Number – Include Dimensions of Load)
 Authorization is granted for the following: HAUL DRIVE TOW

DESCRIPTION OF HAULING EQUIPMENT: _____ LICENSE #: _____

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 SIDEWALL:									
MAX. ALLOWABLE WEIGHT:									

LOAD DIMENSIONS GREATER THAN OR WEIGHTS EXCEEDING THOSE SHOWN ARE NOT AUTHORIZED
 MAX. HEIGHT: _____ MAX. WIDTH: _____ MAX. OVERALL LENGTH: _____ MAX. OVERHANG: _____ WEIGHT CLASS: _____

ORIGIN: _____ DESTINATION: _____

AUTHORIZED ROUTE:

PILOT CAR: FRONT REAR

NOTICE: THIS PERMIT MUST BE CARRIED IN THE VEHICLE FOR WHICH IT WAS ISSUED. NO MOVES SHALL BE MADE ON WEEKENDS OR HOLIDAYS. APPLICANT SHALL GIVE THE ENGINEERING DIVISION A MINIMUM OF 12 HOURS NOTICE OF ANY CHANGES IN SCHEDULE DATE AND/OR TIME OF THE MOVE OR FOR CANCELLATION, OR REQUEST FOR EXTENSION OF THE PERMIT. THIS PERMIT IS NOT VALID ON STATE HIGHWAYS IN THE CITY OF RANCHO CUCAMONGA. BY ACCEPTANCE OF THIS PERMIT, IT IS UNDERSTOOD AND AGREED THAT ALL DUE PRECAUTION WILL BE TAKEN TO SAFEGUARD THE TRAVELING PUBLIC. PERMITEE FURTHER AGREES TO ASSUME AND BE LIABLE FOR ALL CLAIMS FOR DAMAGES TO PERSONS AND/OR PUBLIC AND PRIVATE PROPERTY CAUSED OR ARISING FROM THIS PERMIT AND AGREE TO COMPLY WITH REQUIREMENTS OF THE RANCHO CUCAMONGA MUNICIPAL CODE.

PROOF OF LIABILITY INSURANCE:
 EXPIRATION DATE: _____
 ON FILE ATTACHED

 PERMIT AGENT SIGNATURE

 AUTHORIZED CITY AGENT

 DATE

PERMIT VOID IF CHANGED OR ALTERED IN ANY MANNER