



CITY OF ROCKLIN

Department of Public Services
 4081 Alvis Court
 Rocklin, CA 95677
 Phone: 916-625-5500
 Fax: 916-625-5501

PERMIT VALID BETWEEN: _____ (AM / PM) ____ / ____ / ____ AND SUNSET ____ / ____ / ____	PERMIT NUMBER: _____
	LOAD NUMBER: _____
	AUTHORIZED REPRESENTATIVE _____
MOVING IS AUTHORIZED BETWEEN THE HOURS OF 9:00 AM to 4:00 PM MONDAY THROUGH FRIDAY and 7:00 AM to 10 PM SATURDAY AND SUNDAY	

MUST CARRY IN TRANSPORT VEHICLE OVERLOAD TRANSPORTATION ROUTE SHEET

IN COMPLIANCE WITH YOUR REQUEST AND SUBJECT TO ALL OF THE TERMS, CONDITIONS, AND RESTRICTIONS WRITTEN BELOW AND ANY ATTACHMENTS, PERMISSION IS HEREBY GRANTED TO:										<input type="checkbox"/> HAUL <input type="checkbox"/> DRIVE <input type="checkbox"/> TOW		
NAME:					LOAD OR EQUIPMENT DESCRIPTION AND MODEL NUMBER:					PLATE # (IF ANNUAL):		
ADDRESS:					TYPE OF VEHICLE:							
CITY/STATE/ZIP					KING PIN TO LAST AXLE:			COMB. VEHICLE LENGTH:				
PHONE NUMBER:			FAX NUMBER:		VEHICLE WIDTH:			SEMI-TRAILER LENGTH:				
LOADED DIMENSIONS DIFFERENT THAN OR WEIGHTS EXCEEDING THOSE SHOWN BELOW ARE NOT AUTHORIZED												
MAX HEIGHT:			MAX WIDTH:			MAX OVERALL LENGTH:			MAX OVERHANG:			
AXLE NUMBER	1	2	3	4	5	6	7	8	9			
NUMBER OF TIRES												
AXLE SPACING												
AXLE WIDTH												
MAXIMUM WEIGHT												
ORIGIN:					DESTINATION:					NUMBER OF TRIPS:		
PILOT CAR (S) REQUIRED? ___ YES ___ NO NUMBER OF PILOT CARS: ___ POLICE ESCORT REQUIRED? ___ YES ___ NO												
AUTHORIZED ROUTE THROUGH THE CITY OF ROCKLIN:												
◆ CASH ◆ CHARGE ◆ EXEMPT										ATTACHMENTS:		
_____ AUTHORIZED AGENT SIGNATURE										_____ DATE ____ / ____ / ____		

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