



CITY OF MONTCLAIR

TRANSPORTATION PERMIT

TR-0015 (9/2000)

IN COMPLIANCE WITH YOUR REQUEST AND SUBJECT TO ALL THE TERMS, CONDITIONS AND RESTRICTIONS WRITTEN BELOW AND IN THE ACCOMPANIMENTS, PERMISSION IS HEREBY GRANTED TO:

NAME
ADDRESS
CITY/STATE/ZIP
OFFICE PHONE NUMBER (Including Area Code)
OFFICE FAX NUMBER (Including Area Code)

PERMIT VALID:
 FROM: _____
 TO: _____
 MOVEMENT AUTHORIZED:
 SATURDAY: NO
 SUNDAY: NO
 DARKNESS (CVC280): YES

PERMIT NUMBER _____

THIS PERMIT IS NOT VALID WITHOUT THE FOLLOWING ACCOMPANIMENTS:

Permit Conditions

Extension of Permit Date 12-24 Hours prior to expiration of permit date

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									

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

ORIGIN (INCLUDE CITY/TOWN AND ON RAMP/CROSS STREET): _____ DESTINATION (INCLUDE CITY/TOWN AND EXIT RAMP/CROSS STREET): _____

AUTHORIZED STATE HIGHWAYS - CITY AND/OR COUNTY PERMITS MAY BE REQUIRED WHENEVER THE * IS SHOWN IN THE STATE ROUTE.

PILOT CAR YES NO

CASH, CHARGE, CREDIT CARD OR EXEMPT INFORMATION	APPLICANT SIGNATURE	DATE
CREDIT CARD EX. DATE	FEE \$	NUMBER OF TRIPS
	AUTHORIZED STATE AGENT	DATE

REQUESTED ROUTE : _____

APPLICANT CONTACT PERSON (PRINT) _____