

# TRANSPORTATION PERMIT

**CITY OF MONROVIA**

600 S. MOUNTAIN AVE. MONROVIA, CA 91016  
 TELEPHONE (626) 932-5575 FAX (626) 932-5559  
 BASED ON CALTRANS TR-0015 rev. 02/2009

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:



PERMIT VALID: FROM: _____ TO: _____ MOVEMENT AUTHORIZED: SATURDAY: _____ SUNDAY: _____ DARKNESS (CVC280): _____	PERMIT NUMBER:  THIS PERMIT IS NOT VALID WITHOUT THE FOLLOWING ATTACHMENTS: <input type="checkbox"/> PERMIT CONDITIONS <input type="checkbox"/> NO NIGHT TRAVEL
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NAME: _____	
ADDRESS: _____	
CITY/STATE/ZIP: _____	
OFFICE PHONE NUMBER (INCLUDE AREA CODE)	CELL PHONE NUMBER (INCLUDE AREA CODE)
FAX NUMBER (INCLUDE AREA CODE)	

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									

**NOT TO EXCEED THE LOADED DIMENSIONS SHOWN BELOW OR AXLE WEIGHTS SHOWN ABOVE**

LOADED HEIGHT:	LOADED WIDTH:	LOADED OVERALL LENGTH:	LOADED OVERHANG:	WEIGHT CLASS:
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ORIGIN: _____	DESTINATION: _____
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AUTHORIZED CITY ROUTES - STATE AND/OR COUNTY PERMITS MAY BE REQUIRED


PILOT CAR:     YES     NO

CASH, CHARGE, CREDIT CARD OR EXEMPT INFORMATION	APPLICANT SIGNATURE	DATE
CREDIT CARD EXP. DATE	FEE <b>\$16.00</b>	NUMBER OF TRIPS
AUTHORIZED CITY AGENT		DATE

REQUESTED ROUTE: (INCLUDE ADDRESS OF ORIGIN AND DELIVERY SITE) \_\_\_\_\_

	CONTACT PERSON (PRINT)
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