CITY OF ROCKLIN

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

PERMIT VALID BETWEEN:	PERMIT NUMBER:
_____(AM / PM)	LOAD NUMBER:
_____/_____/_____	_____
AND SUNSET	
_____/_____/_____	_____ 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:							☐ HAUL ☐ DRIVE ☐ 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	_____ AUTHORIZED AGENT SIGNATURE _____/_____/_____ DATE	ATTACHMENTS: _____ _____

MUST CARRY IN TRANSPORT VEHICLE

REV DATE3/2015