

## CITY OF REDLANDS WIDELoad/OVERSIZE ANNUAL PERMIT

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

TRANSPORTER	Permit valid _____ Sunrise _____ Sunset	Authorized Signature _____
ADDRESS		
CITY / STATE		
PHONE NO. _____	FAX NO. _____	Authorized Date: _____
		Date _____

<input checked="" type="checkbox"/> HAUL	Load or equipment and model no. <b>An extra legal load as defined in Section 320.5 of the California Vehicle Code.</b>	Insurance Co. _____
<input type="checkbox"/> DRIVE		
<input type="checkbox"/> TOW		Exp. Date _____
Type of Vehicle <b>3 Axle Tractor and Semi-Trailers</b>		

King Pin to Last Axle	55' Max.	Comb. Vehicle Length	105' Max.	Sending Station _____	Receiving Station _____
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**LOADED DIMENSIONS DIFFERENT THAN OR WEIGHT EXCEEDING THOSE SHOWN ARE NOT AUTHORIZED.**

Max Height	Max Width	14' 6"	Max Overall Length	105'	Max Overhang	LEGAL			
Axle Number	1	2	3	4	5	6	7	8	9
Number Tires	VARIES / LEGAL								
Axle Spacing	VARIES / LEGAL								
Axle Width	VARIES / LEGAL								

Weight	<b>PURPLE WEIGHT AS PER CALTRANS PERMIT</b>
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Origin	VARIOUS	Destination	Trips	MULTIPLE
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Authorized Roads / Streets / Highways
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Other Agency Permits Required <input type="checkbox"/> Yes <input type="checkbox"/> No	RETURN	PILOT CAR
Permit Conditions:  <b>SEE ATTACHED CONDITIONS.</b>	Unladen <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Yes
	Laden <input checked="" type="checkbox"/>	<input type="checkbox"/> No
PERMITTEES AUTHORIZED AGENT (Signature)  _____ Date: _____	FEE	DISTRIBUTION
	\$120.00 Annual  Acct. No. 1203 101400-3130	____ PD ____ MU&ED ____ Insp. ____ Treasurer