

**County of Riverside Transportation Department  
Transportation Permit Application**



\_\_\_\_\_  
Permit Number

**TRANSPORTER:**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Incompliance with your request and subject to all of the terms, conditions and restrictions written below and the attachments, permission is hereby granted to:

**HAUL**   
**DRIVE**   
**TOW**

**PERMIT VALID:**

Sunrise \_\_\_\_/\_\_\_\_/\_\_\_\_  
To  
Sunset \_\_\_\_/\_\_\_\_/\_\_\_\_

**MOVING AUTHORIZED:**

Saturday until noon  Yes  No  
Sunday  Yes  No  
Sunset to Sunrise  Yes  No

**LOAD OR EQUIPMENT AND MODEL NUMBER:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TYPE OF VEHICLE \_\_\_\_\_  
KING PIN TO LAST AXLE \_\_\_\_\_ COMB. VEHICLE LENGTH \_\_\_\_\_  
*(LOADED DIMENSIONS DIFFERENT THAN OR WEIGHT EXCEEDING THOSE SHOWN ARE NOT AUTHORIZED.)*  
MAX. HEIGHT \_\_\_\_\_ MAX. WIDTH \_\_\_\_\_  
MAX. OVERALL LENGTH \_\_\_\_\_ MAX. OVERHANG \_\_\_\_\_

AXEL #	1	2	3	4	5	6	7	8	9
NUMBER OF TIRES									
AXLE SPACING									
AXLE WIDTH									
AXLE WEIGHT									

Origin: \_\_\_\_\_ Destination: \_\_\_\_\_ Trips: \_\_\_\_\_

**ROUTE:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PILOT CAR**  YES  NO

CASH  
 CREDIT CARD  
 EXEMPT  
 BILL ACCOUNT  
Fee Amount \$ \_\_\_\_\_

\_\_\_\_\_  
PERMITTEE (AUTHORIZED AGENT)

Return Fax (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

4080 Lemon Street, 8<sup>th</sup> Floor - Riverside, California 92501 - (951) 955-6885  
Mai to: P.O. Box 1090 - Riverside, California 92502-1090 - transportpermits@rivco.org