



TOWN OF YUCCA VALLEY

PUBLIC WORKS DEPARTMENT-ENGINEERING DIVISION
58928 Business Center Drive
Yucca Valley CA 92284
(760) 369-6579 x311

Email to:
DLothes@yucca-valley.org

(FOR TOWN USE ONLY)

PERMIT NO.: _____

DATE RECEIVED: _____

TRANSPORTATION PERMIT APPLICATION

Application must be received 24-48 hours prior to trip date.

TRANSPORTER INFORMATION

Name: _____ Address: _____
 Phone: _____ Email: _____
 Driver's Name: _____ Driver's Mobile or # to reach Driver: _____

TRIP INFORMATION

Trip Date: _____ to _____ Approx. Time(s): _____ Trip Type: _____ Annual: Yes No
 Origin: _____ Destination: _____
 Requested Route: _____
 Load Description: _____

DESCRIPTION OF HAULING VEHICLE

Vehicle Width:										Vehicle Length:
Kingpin to Last Axle:										Max Allowable Weight:
Axle	1	2	3	4	5	6	7	8	9	<u>Loaded</u>
Width of Axles at Tire Sidewall										<u>WEIGHT:</u>
Number of Tires Per Axle										<u>WIDTH:</u>
Distance Between Axles										<u>LENGTH:</u>
										<u>OVERHANG:</u>
										<u>CLASS:</u>

Pilot Car: Yes No

State and/or County Permits may be required. Loaded dimensions or weights exceeding those on an approved application are not authorized.

CERTIFICATION

I, the below signer, certify that I have read this application and state that the above information is correct. On behalf of the Transporter, I agree to comply with all Town and State laws relating to the transportation of the above described load.

Certifier's Name: _____ Date: _____
 Certifier's Co. Name: _____
 (if other than Transporter) _____ (Signature of Certifier- Print form & sign or sign digitally)
 Certifier's Phone: _____ Certifier's Email: _____

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

PERMIT VALID FROM: ____/____/____ | ____:____ AM/PM TO: ____/____/____ | ____:____ AM/PM

ATTACHMENTS: ___ Permit ___ Conditions ___ Holiday Restrictions ___ Other _____

ALTERNATE AUTHORIZED ROADS (STATE/COUNTY PERMITS MAY BE REQUIRED):

TOWN REPRESENTATIVE: _____ DATE: _____