



200 CIVIC CENTER DRIVE
VISTA, CALIFORNIA 92084-8275
www.cityofvista.com

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:

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

OFFICE PHONE NUMBER (Including Area Code) _____

OFFICE FAX NUMBER (Including Area Code) _____

DESCRIPTION OF THE LOAD OR EQUIPMENT AND MODEL NO. _____

HAUL DRIVE TOW

DIMENSIONS OF LOAD _____

DESCRIPTION OF HAULING EQUIPMENT: _____

PERMIT VALID:
FROM: _____
TO: _____
MOVEMENT AUTHORIZED:
SATURDAY: _____
SUNDAY: _____
DARKNESS (CVC 280): _____

GP# _____

Import: _____

Export: _____

THIS PERMIT NOT VALID WITHOUT THE FOLLOWING ATTACHMENTS:

PERMIT CONDITIONS

HOLIDAY RESTRICTIONS

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									

LEGAL

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

LOADED HEIGHT: _____ LOADED WIDTH: _____ LOADED OVERALL LENGTH: _____ LOADED OVERHANG: _____ WEIGHT CLASS: _____

ORIGIN: _____ DESTINATION: _____

AUTHORIZED STATE HIGHWAYS - CITY AND/OR COUNTY PERMITS ARE REQUIRED WHEREVER * IS SHOWN IN THE STATE ROUTE.

For office use only

PILOT CAR YES NO

CASH, CHARGE, CREDIT CARD OR EXEMPT INFORMATION			APPLICANT SIGNATURE	DATE
CREDIT CARD EX. DATE	FEE \$	NUMBER OF TRIPS	AUTHORIZED STATE AGENT	DATE

REQUESTED ROUTE: (Include Address of Origin and Delivery Site)

CONTACT PERSON (PRINT)