APPENDIX 25
TRANSPORTATION PERMIT FORM DM-M-P-16

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

NAME

ADDRESS

CITY/STATE

PHONE | HCD. NO.

PERMIT VALID BETWEEN

____ AM / PM ___/___/___

AND SUNSET ___/___/___

MOVING AUTHORIZED

	YES	NO
SATURDAY	☐	☐
SUNDAY	☐	☐
SUNSET TO SUNRISE	☐	☐

AUTHORIZED STATE REPRESENTATIVE

☐ NAME | LOAD OR EQUIPMENT AND MODEL NO.

☐ DRIVE

☐ TOW

TELECOPIED PERMITS NOT VALID WITHOUT SEAL.

TYPE VEHICLE

KING PIN TO LAST AXLE | COMB. VEHICLE LENGTH | SENDING STATION | RECEIVING STATION

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 TIRES									
AXLE SPACING									
AXLE WIDTH									
WEIGHT									

ORIGIN | DESTINATION | TRIPS

AUTHORIZED STATE HIGHWAYS: * COUNTY AND/OR CITY PERMITS REQUIRED.

PILOT CAR ☐ YES ☐ NONE REQUIRED

ATTACHMENTS

☒ PERMIT CONDITIONS

☐ CASH:

☐ CHARGE FEE:

☐ EXEMPT $ _____

I CERTIFY THAT ALL COUNTY AND/OR CITY TRANSPORTATION PERMITS HAVE BEEN OBTAINED IF THIS PERMIT IS FOR TOWING A MOBILEHOME.

AUTHORIZED AGENT SIGNATURE | DATE ___/___/___

DM-M-P-16 (Rev. 1-89) ORIG—Permittee