Transportation Permit Application
ENC-003

Transporter: ______________________ Applicant: ______________________
Name: ___________________________ Name: ___________________________
Address: _________________________ Address: _________________________
Phone: __________________________ Phone: __________________________
Fax: ______________________________ Fax: ___________________________ 
Contact: __________________________ Contact: _________________________

DATES PERMIT REQUESTED:
From Sunrise: ________________
To Sunset: ________________

MOVING REQUESTED:
Saturday: [ ]
Sunday: [ ]
Darkness: [ ]

Authorization is requested for the following: [ ] Haul [ ] Drive [ ] Tow

Show a description of the load or Equipment Model No. (Include dimensions of the load)

Description of Hauling Equipment

Vehicle Width: __________________ ________ King Pin to Last Axle: __________________ ________
Combined Vehicle Length: __________________ ________

<table>
<thead>
<tr>
<th>Axle Number</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number Tires per Axle</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Axle Spacing

Axle Width @ Sidewall

Maximum Allowable Weight

Load Ht: __________________ ________ Load Width: __________________ ________
Load Length: __________________ ________ Overhang: __________________ ________
Wt Class: __________________ ________

Origin: __________________ Destination: __________________

Requested County Route:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Pilot Car: Yes [ ] No [ ]

Trust [ ] Charge [ ] Check [ ]

Signature: _________________________
Applicant: _________________________

Single [ ] Annual [ ]

Date: __________________

Sonoma County Permit and Resource Management Department
2550 Ventura Avenue, Santa Rosa, CA 95403
Phone (707) 565-1900 Fax (707) 565-3313

More Information: sonomacounty.ca.gov/PRMD/Transportation-Permits