



**CITY OF COMPTON
PUBLIC WORKS DEPARTMENT
TRANSPORTATION PERMIT**

PERMIT VALID:
BETWEEN

AM / /
PM

AND SUNSET / /

PERMIT NUMBER: _____

AUTHORIZED AGENCY REPRESENTATIVE _____

TRANSPORTER: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

MOVING AUTHORIZED

	YES	NO
Saturday	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>
Sunset to Sunrise	<input type="checkbox"/>	<input type="checkbox"/>

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: _____

VEHICLE WIDTH:	KINGPIN TO LAST AXLE:			SEMI-TRAILER LENGTH:			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									

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 ROADS/ STREETS/ HIGHWAYS * = OTHER AGENCY PERMITS REQUIRED

PILOT CAR YES NO

FEE: _____ APPLICANT SIGNATURE: _____ DATE: _____

NOTES: _____
