TRANSPORT CITY OF TRACY 333 CIVIC CENT OFC: (209) 831-6 Email: engineeri	FROM:		RMIT V	ALID:	THE DED		MIT NUMBE					
Permit Fee: \$16/						THIS PERMIT IS NOT VALID WITHOUT THE FOLLOWING ACCOMPANIMENTS:						
* Annual Permits for FIXED ROUTES only* 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:					MOV EME: T AUTHORIZED:				Permit Conditions Pilot Car Special Conditions			
ADDRESS					1							
CITY/STATE/ZIP	SUND	SUNDAY:										
					DARKNE SS:							
OFFICE PHONE NUMBER (Including Area Code) OFFICE FAX NU					JMBER (Including Area Code)							
DESCRIPTION OF THE		QUIPMENT	AND MODEL NO.:	☐ HAUL		DRIVE	E □ TOW			_		
DESCRIPTION OF HAU	ILING EQUIP	MENT:	LED	KINGE	IN TO			COMP	VEHICLI			
WIDTH:		LENGTH:		KINGPIN TO LAST AXLE:			COMB. VEHICLE LENGTH:					
AXLE NUMBER NUMBER OF TIRES PER	1	2	3	4		5	6	7		8	9	
AXLE DISTANCE BETWEEN												
AXLES WIDTH OF AXLES AT		<u> </u>										
TIRE SIDEWALL MAXIMUM ALLOWABLE												
WEIGHT	LOADEDWIE	XT.1	LOADED OVERALL	FNOTU		LOAD			IMEIOUT	- 01 400		
LOADED HEIGHT:	LOADED WIDTH: LOADED OVERALL LENG			ENGTH:	TH: LOADED OVERHANG				G: WEIGHT CLASS:			
ORIGIN (INCLUDE CITY/I	OWN AND ON	I RAMP/CRO	SS STREET)	DESTIN	NATION	(INCL	UDE CITY/TOW	N AND EXI	T RAMP/C	ROSS STR	EET)	
AUTHORIZED STATE HIGHW REQUIRED WHENEVER THE												
PILOT CAR _YES [JNO											
APPLICANT SIGNATURE									DA	ΤΕ		
FEE B		NUMBER OF	TRIPS	AUTHORIZED	CITY A	GENT		DATE	1			
REQUESTED ROUTE:		1		1				1				
							ANIT 00: T: 5=		N.T.			
						IAPPLIC	CANT CONTACT P	ERSON (PRI	NI)			