

**CITY OF CAMARILLO
TRANSPORTATION PERMIT**

TR-0015 (9/2000)
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:

<p>PERMIT VALID: FROM: _____ TO: _____</p> <p>MOVEMENT AUTHORIZED SATURDAY: _____ SUNDAY: _____ DARKNESS: _____ (CVC280)</p>	<p>PERMIT NUMBER</p> <p>THIS PERMIT IS NOT VALID WITHOUT THE FOLLOWING ACCOMPANIMENTS:</p> <p><input type="checkbox"/> Permit Conditions <input type="checkbox"/> Pilot Car Special Conditions <input type="checkbox"/> Inspection Report <input type="checkbox"/> SC MH <input type="checkbox"/> SC 3AM <input type="checkbox"/> Curfew Maps [LA SAC SD SF] <input type="checkbox"/> _____</p>
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NAME: _____
ADDRESS: _____
CITY/STATE/ZIP: _____

OFFICE PHONE NUMBER: (Include Area Code) _____ **OFFICE FAX NUMBER:** (Include Area Code) _____

DESCRIPTION OF THE LOAD OR EQUIPMENT AND MODEL NO.: HAUL DRIVE TOW

DIMENSIONS OF LOAD: _____ **DESCRIPTION OF HAULING EQUIPMENT:** _____

VEHICLE WIDTH:	SEMI-TRAILER LENGTH:			KINGPIN TO LAST AXLE:			COMB. VEHICLE LENGTH:		
AXEL NUMBER	1	2	3	4	5	6	7	8	9
NUMBER OF TIRES PER AXEL									
DISTANCE BETWEEN AXELS									
WIDTH OF AXELS AT TIRE SIDEWALL									
MAX. ALLOWABLE WEIGHT									

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

ORIGIN (INCLUDE CITY/TOWN AND ON RAMP/CROSS STREET): _____ DESTINATION (INCLUDE CITY/TOWN AND ON RAMP/CROSS STREET): _____

COUNTY AND/OR STATE PERMITS MAY BE REQUIRE WHENEVER THE * IS SHOWN IN THE STATE ROUTE _____ **CONDITIONS:** _____

PERMITTEE SHALL CONTACT CAMARILLO POLICE DEPT. AT (805) 388-5100 FOR NOTIFICATION OF HAUL ROUTE, EQUIPMENT TO BE MOVED, AND HOURS OF OPERATION. EXISTING IMPROVEMENTS SHALL BE PROTECTED OR REPLACED IN KIND OR BETTER.

A PILOT CAR IS REQUIRED FOR ANY MOVEMENT OF AN OVERSIZED LOAD.

APPLICANT/AUTHORIZED AGENT: _____ DATE: _____
BY: _____ (SIGNATURE) CELL PHONE: _____ SECONDARY PHONE: _____

Insurance Fee: _____
Certificate of Insurance.: _____
Expiration Date: _____
Insurance Company: _____

Date Paid/Invoiced: _____

Permission is hereby granted to perform the above.
By: _____ Date: _____
DEPARTMENT OF PUBLIC WORKS

SEE REVERSE FOR INSURANCE AND INDEMNITY REQUIREMENTS

INSURANCE REQUIREMENTS

Applicant/permittee is required to provide insurance naming the City of Camarillo as an additional insured for general liability and automobile coverage with policy limits of at least \$1,000,000 per occurrence which insurance shall be primary and non-contributory. Applicant/permittee must submit proof of insurance to the City in the form of a certificate of insurance and an endorsement prior to the insurance of this permit by the City.

INDEMNITY REQUIREMENTS

Applicant/permittee agrees to defend, indemnify and hold harmless the City of Camarillo and its officers, employees, consultants, and agents from any and all liability for injuries, death, damages, or claims of any type arising in any way from the performance of the work and/or the activity by applicant/permittee referenced in this permit.