

# TRANSPORTATION PERMIT RIDER

7 COUNTY CENTER DRIVE OROVILLE, CA. 95965  
 PHONE (530) 538-7681 FAX (530) 645-1822

TO BE ATTACHED TO AND MADE A PART OF TRANSPORTATION PERMIT NUMBER:	EFFECTIVE: <span style="float: right;">COUNTY USE ONLY</span>  EXPIRES SUNSET:
PERMITTEE:  ADDRESS:  PHONE #: <span style="margin-left: 150px;">FAX #:</span>	PERMIT NUMBER:   PAGE ____ OF ____
AUTHORIZED AGENT:	DATE: <span style="margin-left: 100px;">AUTHORIZED COUNTY AGENT</span>

AXLE NUMBER	9	10	11	12	13	14	15
NUMBER OF TIRES PER AXLE							
DISTANCE BETWEEN AXLES							
WIDTH OF AXLES AT TIRE SIDEWALL							
MAXIMUM ALLOWABLE WEIGHT							

REQUESTED ROUTE:

APPROVED ROUTE(COUNTY USE ONLY):

	<input type="checkbox"/> CASH CK/CC #:
	<input type="checkbox"/> CHARGE DB #:
	<input type="checkbox"/> EXEMPT
	<input type="checkbox"/> NO CHARGE
	<b>FEE: \$</b>

**THIS RIDER DOES NOT NULLIFY NOR MAKE VOID ANY CITATION ISSUED TO THE ORIGINAL PERMIT. EXCEPT AS AMENDED ABOVE ALL OTHER ITEMS AND PROVISIONS OF THE ORIGINAL PERMIT SHALL REMAIN IN EFFECT. THIS RIDER MUST BE ATTACHED TO THE ORIGINAL PERMIT.**