

OVERWEIGHT VEHICLE SPECIAL PERMIT

Reference Long Beach Municipal Code Chapter 10.41

PERMITTEE

(Business Name)

Name of Principal or Agent

ADDRESS

Telephone No.

TRUCK-TRACTOR
DESCRIPTION

Make

Model

Year

Vehicle Identification No.

License No.

Equipment No. (Opt)

DATE OF LAST C.H.P. SAFETY INSPECTION _____ NEXT INSPECTION DUE _____

THIS PERMIT REQUIRES A COPY OF A C.H.P. 407F VEHICLE INSPECTION REPORT THAT HAS BEEN ISSUED WITHIN 90 DAYS

AUTO LIABILITY INSURANCE CARRIER _____

POLICY NUMBER _____ EXPIRATION DATE _____

"This Permit allows the transport of up to 95,000 as specified by California Vehicle Code section 35550 and 35551. It is the Permittee's responsibility to ensure the permitted vehicle is in compliance with gross axle weight ratings, wheel and tire ratings and all other equipment as set forth in California Vehicle Code section 35551."

FOR OFFICE USE ONLY

PERIOD OF PERMIT: Single trip dates(s) _____

Beginning on _____ ending on **12/31/2017**

SPECIAL INVESTIGATION REQUIRED? YES ___ NO ___ If yes, see Rider conditions

FEES: \$16.00 single trip, \$90.00 per year, January through December

APPLICANT DECLARATION: I/We agree to defend and indemnify City, it's boards, officers and employees from any and all damages, costs and expenses sustained or incurred by City, its boards, officers and employees resulting from or arising out of the issuance of the subject special permit and the use of city streets whether designated or non-designated. I/We further agree to be responsible for all injuries or death of persons and for all damages to property of every kind caused by or resulting from or arising out of this issuance of a special permit and the use of City streets, whether designated or non-designated. I/We certify that each driver who operates an overweight vehicle under this permit shall have completed training in the operation of an overweight vehicle and carry a personal certificate of training during overweight operation.

ISSUED BY THE CITY OF LONG BEACH
DIRECTOR OF PUBLIC WORKS

Authorized Representative

Date Issued _____

REQUIRED FEE STAMP BELOW

Signature of company officer

Type or print name

Title

Date

A Special Permit Rider, C.H.P. 407F Vehicle Inspection Report, proof of liability insurance, and a map of the approved routes must accompany this permit.