

## OVERWEIGHT VEHICLE SPECIAL PERMIT

Reference Long Beach Municipal Code Chapter 10.41

PERMITTEE \_\_\_\_\_  
(Business Name) Name of Principal or Agent

ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone Number

TRUCK-TRACTOR DESCRIPTION \_\_\_\_\_  
Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

Vehicle Identification No. \_\_\_\_\_ License No. \_\_\_\_\_ Equipment No. (Opt.) \_\_\_\_\_

AXLE NO.	1	2	3	4	5	6	7	8	9
DISTANCE BETWEEN AXLES IN FT/IN									

MAXIMUM GROSS WEIGHT BY AXLE NUMBER AND SPACING \_\_\_\_\_ LBS.  
PERMITTEE REMAINS SUBJECT TO THE LIMITATIONS OF THEIR GROSS AXLE WEIGHT RATINGS, WHEEL AND TIRE RATINGS, AND ANY OTHER APPLICABLE EQUIPMENT SPECIFICATIONS.

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 \_\_\_\_\_

PERIOD OF PERMIT: Single trip date(s) \_\_\_\_\_

Beginning on \_\_\_\_\_ ending on \_\_\_\_\_

SPECIAL INVESTIGATION REQUIRED? YES \_\_\_ NO \_\_\_ If yes, see rider conditions.

FEES: \$16.00 single trip, \$90.00 per year, \$67.50 April-December, \$45.00 July-December, \$22.50 October-December

APPLICANT DECLARATION:  
I/We agree to defend and indemnify City, its 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 at all times during overweight operation.

\_\_\_\_\_  
Signature of company officer Type or print name

\_\_\_\_\_  
Title Date

ISSUED BY THE CITY OF LONG BEACH,  
DIRECTOR OF PUBLIC WORKS

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Date Issued

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.

REQUIRED FEE STAMP BELOW