



TRANSPORTATION PERMIT

Department of Public Works
 2929 Tapo Canyon Road, Simi Valley, CA 93063
 Telephone: (805) 583-6786 FAX: (805) 583-7951

Permit No. SVE _____

Date: _____

Cert. of Insurance:

OK On File

In compliance with your request and subject to all the terms, conditions, and restrictions written below and the attachments, permission is hereby granted to:

Transporter: _____

Address: _____

City/State: _____

Phone: _____

Permit valid between

AM PM on

____/____/____ and

sunset on ____/____/____

Moving authorized:

Saturday Yes No

Sunday Yes No

Sunset to Sunrise Yes No

	Fee
<input type="checkbox"/> Annual Permit	\$ _____
<input type="checkbox"/> Single Trip	\$ _____
<input type="checkbox"/> Additional Permit Fee	\$ _____
<input type="checkbox"/> Total Fees	\$ _____

Permit not valid without stamp.

- Haul
- Drive
- Tow

Load or Equipment and Model No. ;
 License Plate No. (Annual Permit)

Type of Vehicle: _____

King Pin to Last Axle: _____

Combination Vehicle Length: _____

 Authorized City Rep.

Loaded Dimensions Different Than Or Weights Exceeding Those Shown Below Are Not Authorized

Max Height: _____ Max Width: _____ Max Length: _____ Max Overhang: _____

Axle No:	1	2	3	4	5	6	7	8	9
No. of Tires	_____	_____	_____	_____	_____	_____	_____	_____	_____
Axle Spacing	_____	_____	_____	_____	_____	_____	_____	_____	_____
Axle Width	_____	_____	_____	_____	_____	_____	_____	_____	_____

Weight _____

Origin: _____ Destination: _____ Trips: _____

Authorized Route:

Conditions: Pilot Car Yes, # _____ None Required

In consideration for issuance of this permit, permittee agrees to defend, indemnify, and hold harmless the City, its officials, officers, employees, representatives, and agents from and against all claims, lawsuits, liabilities, or damages arising out of or in connection with, or relating in any manner to any act or omission of permittee, its agents, employees, and subcontractors of any tier, and employees thereof in connection with the performance or nonperformance of work authorized by this Transportation Permit. The permittee shall thoroughly investigate any and all claims and indemnify the City and do whatever is necessary to protect the City, its officials, officers, employees, agents, and representatives as to any such claims, lawsuits, liabilities, expenses, or damages. This agreement is intended to be part of the original contract of insurance. The City of Simi Valley shall be included as an Additional Insured in the automobile insurance policy and endorsements of the permittee. Failure to perform will establish a prima facie case for breach of contract. This acknowledges that the requested route has been reviewed for potential hazards with respect to the operations to be undertaken and that no impediments have been found.

I certify that all state, county, and/or City Transportation Permits will be obtained in conjunction with this permit.

 Signature of Permittee or Authorized Agent

 Date