

SPECIAL MOTOR VEHICLE PERMIT
KITTITAS COUNTY DEPARTMENT OF PUBLIC WORKS

DATE ISSUED: _____

PERMIT NO. _____

Permission is hereby granted to: _____	Address: _____ _____
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TO OPERATE THE VEHICLE OR VEHICLES HEREWITH DESCRIBED ON COUNTY ROADS INDICATED

No. Of Axles	Power Unit License No.	No. of Axles	Trailing Unit/Units License No.
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Transporting _____ On (Date) _____

From: _____ To: _____

Via (Route): _____

True Axle Weight:

Axle 1	Axle 2	Axle 3	Axle 4	Axle 5	Axle 6	Axle 7	Axle 8	Axle 9	Axle 10
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GROSS WEIGHT	MAXIMUM WIDTH Feet _____ Inches _____	FEES
LEGAL CAPACITY	MAXIMUM HEIGHT Feet _____ Inches _____	Signature of authorized Dept. of Public Works employee validates this permit and acknowledges receipt of fee paid.
EXCESS GROSS WEIGHT	MAXIMUM LENGTH Feet _____ Inches _____	PUBLIC WORKS SIGNATURE:

RESTRICTIONS

- | | | |
|---|---|---|
| <input type="checkbox"/> Invalid for Posted Bridges Unless Noted Below
<input type="checkbox"/> Maximum Speed 5 m.p.h on all bridges
<input type="checkbox"/> Allow no other vehicles on bridges
<input type="checkbox"/> Allow no other trucks on bridges
<input type="checkbox"/> Travel centerline of roadway on bridges
<input type="checkbox"/> Flagmen to control traffic on bridges and through tunnels
<input type="checkbox"/> Other _____ | <input type="checkbox"/> Flagmen required on truck
<input type="checkbox"/> Red Flags Displayed on load
<input type="checkbox"/> Pilot cars ahead and in rear
<input type="checkbox"/> Maximum speed of _____ m.p.h.
<input type="checkbox"/> Day light hours only
<input type="checkbox"/> No movement if vision obscured by fog or inclement weather | <input type="checkbox"/> No Saturday, Sunday or Holiday Movement
<input type="checkbox"/> Subject to release by arresting agent
<input type="checkbox"/> Subject to winter road restrictions
<input type="checkbox"/> Check weather conditions before crossing mountain passes
<input type="checkbox"/> Assume Responsibility for overhead obstructions |
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I, the undersigned Applicant and Permittee, certify that the information shown herewith is given by me and is true and correct. I also agree to follow all the requirements and conditions of this permit and that this permit is subject to cancellation without refund if violated by myself or authorized employee.

NOT VALID UNLESS SIGNED BY APPLICANT OR PERMITTEE

***PERMIT IS ONLY GOOD FOR ONE DAY ONE TRIP**