

TRANSPORTATION PERMIT APPLICATION

Garfield County Road and Bridge

0298 CR 333A
Rifle, CO 81650

Phone: 970-625-8601
Fax: 970-625-8627

PLEASE PRINT

- Single Trip Oversize
- Single Trip Overweight
- Single Trip Oversize & Overweight
- Annual Oversize
- Annual Overweight
- Annual Oversize & Overweight
- Extraordinary Use
- Annual Permit Holders- Check if you need a copy of the Rules and Regulations booklet & maps

** Denotes Required Information

PERMIT DELIVERY METHOD:

- Fax to:
- Mail to:
- Walk in / Pick-up

**APPLICANT CONTACT NAME: _____ **PHONE NO. _____

**COMPANY INFORMATION:

Applicant Company Name: _____ Phone No.: _____

Mailing Address: _____

(Office Use Only) This Company has supplied Garfield County with its Certificate of Liability Insurance and it meets Requirements: Yes ___ No ___ (do not issue without)

**VEHICLE INFORMATION A COPY OF REGISTRATION AND INSURANCE REQUIRED

Unit#	Year & Make		VIN (Last 6)
Gross Weight	#of Axles	Overall Length	Trlr Length
Front Overhang	Rear Overhang	Height (Actual)	Width

**TRIP INFORMATION: Single Trip Permits Only

Shipment Consists of (LOAD SPECIFIC):	
From County Road No.	To County Road No.
All County Road NUMBERS (HAUL ROUTE -IN ORDER)	Transport Date(s):

**Axle Weight and Length Distributions:

Axle:	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Lbs:	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Ft' In"	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

I declare under penalty of perjury in the second degree, and any other applicable State or Federal Laws that the statements made on this document are true and complete to the best of my knowledge.

**Applicant Signature _____ Date _____

PAYMENT INFORMATION: Account /Check Visa/Mastercard

Name of Cardholder: _____

Card Number ___/___/___/___/___/___/___/___/___/___/___/___/___/___/___/___ Expiration Date: ___/___/___ VCode _____

X _____
Authorized Credit Card Signature (REQUIRED)