

DEPARTMENT OF COMMUNITY SERVICES
 LAND USE & TRANSPORTATION PROGRAM
 RIGHT-OF-WAY PERMIT SECTION
 1600 SE 190TH AVENUE, ROOM 119/120
 PORTLAND, OREGON 97233
 503-988-3582 FAX: 503-988-3389



**MULTNOMAH
 COUNTY
 OREGON**

Date Approved by: _____

Fee: \$ _____ Permit No. _____

**SPECIAL TRANSPORTATION
 TRIP PERMIT APPLICATION**

Permitee Name:				Date of Application:			Effective Date:			Expiration Date:					
Mailing Address:				Commodity:											
City:		State:	Zip:	Load Length:	Load Width:	Travel Height:	Trailer Length:								
Rear Overhang:	Front Overhang:	Gross Weight:		Weight Table:	# Axles	Trailer Width:	Fixed ف Stretch ف Expanded ف								
Description of Vehicle(s), or Show Sketch				Overall Wheelbase (front axle to rear axle):			Overall Vehicle Length:			Hauling Equipment Length:					
List Dimensions between Axles in the Space Below (in feet and inches)															
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Axle Weights:															
Ore DOT Plate #	Year	Make	Complete VIN Number				Base License #	State	Unit #						
Mobile Home Serial Number:				Building/Land Use Number:				Vehicle Equipment List Attached ف							
Starting Location:								Ending Location:							
Route:															
Unladen Travel				Wide:				Overall Length:							
From:				To:				Via:							

Applicant hereby certifies that the information submitted above is correct and understands that, if fraudulent, the permit issued hereto is void. Applicant further certifies that the equipment described herein in all other respects complies with the Oregon Motor Vehicle Laws and the Motor Transportation Code.

Applicant Name:			Phone Number:			Fax Number:		