Transportation Permits

CITY OF NEWARK, CALIFORNIA **ENGINEERING DIVISION**
37101 Newark Blvd, Newark, CA 94560 • 510-578-4589 • Fax 510-578-4243 • public.works@newarkca.gov

Permits are required in the City of Newark for the movement of any oversize or overweight load as defined by the California Vehicle Code. Transportation Permits are issued by the Public Works Department during the hours of 8:00 a.m. to 5:00 p.m. and can be obtained by mail, online or by email public.works@newarkca.gov. Complete and return a completed permit application, together with the necessary fee and proof of financial responsibility to public.works@newarkca.gov. Performance Bonds are not required for Transportation Permits.

A copy of a valid Transportation Permit must be carried within the vehicle moving an oversize or overweight load.

Permit Fees

The permit fee for a single trip is $16.00 and must begin and end within seven days from the date of issuance. An annual permit can be obtained for a fee of $90.00 and is valid for a period of one year from the date of issuance.

Routes

Transportation permits for single trips must include the anticipated route to be used for the oversize movement. Annual Transportation Permits do not include routes unless the route for each move is identical. Wherever possible, all oversize movements must be on truck routes.

Proof of Financial Responsibility

In accordance with AB 4228, the City of Newark can and does require proof of financial responsibility prior to the issuance of a Transportation Permit. Proof of financial responsibility can be provided by any of the means listed in Section 16028 of the California Vehicle Code. The simplest means is by providing a copy of a Certificate of Insurance indicating the name of the surety or insurance company, the policy number, and the amount of coverage. The City of Newark need not be listed as additional insured. A copy of this Certificate of Insurance can be faxed to the City at (510) 578-4243.

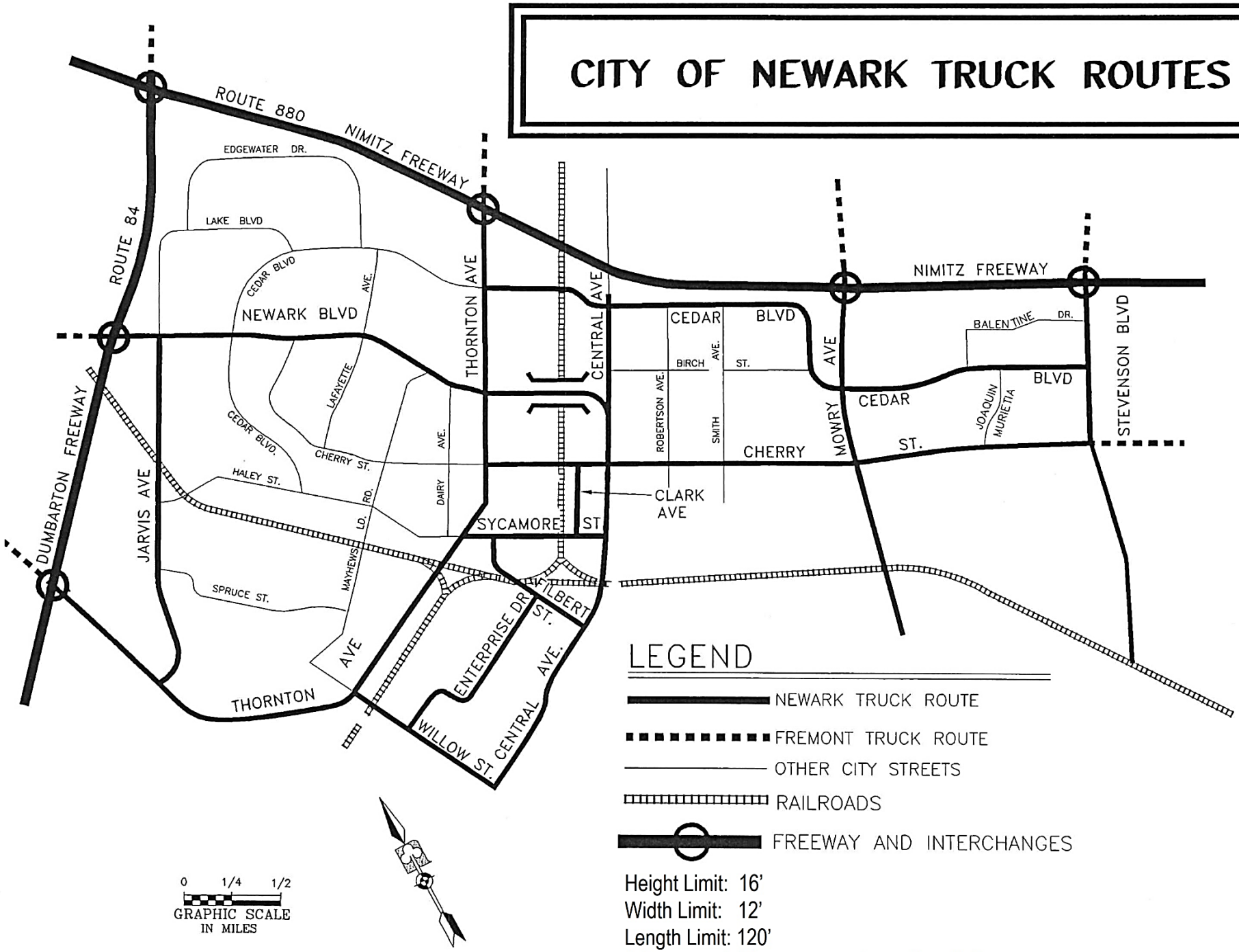
In accordance with the requirements of the California Vehicle Code and the California Department of Transportation, the minimum limits of insurance the contractor shall maintain shall be no less than:

1. *Comprehensive General Liability:*
   $1,000,000 combined single limit per occurrence for bodily injury, personal injury, and property damage; or
2. *General Liability:*
   $1,000,000 per accident for bodily injury, bodily injury/more than one person, and property damage.

Additional Information

Additional information regarding Transportation Permits can be obtained by calling the Public Works Department at (510) 578-4589 or emailing public.works@newarkca.gov.

CITY OF NEWARK TRUCK ROUTES



LEGEND

- NEWARK TRUCK ROUTE
- FREMONT TRUCK ROUTE
- OTHER CITY STREETS
- RAILROADS
- FREEWAY AND INTERCHANGES

0 1/4 1/2
GRAPHIC SCALE
IN MILES

Height Limit: 16'
Width Limit: 12'
Length Limit: 120'

**Pilot car needed for measurements over these limits*

For more info, please email public.works@newark.org

TRANSPORTATION PERMIT

CITY OF NEWARK ENGINEERING
37101 Newark Blvd., Newark, California 94560-3796

IN COMPLIANCE WITH YOUR REQUEST AND SUBJECT TO ALL THE TERMS, CONDITIONS, AND RESTRICTIONS WRITTEN BELOW AND THE ATTACHMENTS, PERMISSION IS HEREBY GRANTED TO:

NAME

ADDRESS

CITY/STATE/ZIP

PERMIT VALID:

FROM: _____

TO: _____

MOVING AUTHORIZED:

SATURDAY YES

SUNDAY YES

DARKNESS YES

CITY OF NEWARK PERMIT NUMBER

_____

CITY OF NEWARK APPROVAL

_____
Signature

INSURANCE EXPIRATION DATE

_____/_____/_____

OFFICE PHONE NO. (INCLUDE AREA CODE) | FAX NO. (INCLUDE AREA CODE)

DESCRIPTION OF THE LOAD OR EQUIPMENT AND MODEL NO. – INCLUDE DIMENSIONS OF LOAD

Authorization is granted for the following: ☐ HAUL ☐ DRIVE ☐ TOW

DESCRIPTION OF HAULING EQUIPMENT

				VEHICLE WIDTH		KINGPIN TO LAST AXLE		COMB. VEHICLE LENGTH	
AXLE NUMBER	1	2	3	4	5	6	7	8	9
NUMBER TIRES PER AXLE									
DISTANCE BETWEEN AXLES									
WIDTH OF AXLES AT TIRE SIDEWALL									
MAXIMUM ALLOWABLE WEIGHT									

LOADED DIMENSIONS GREATER THAN THOSE SHOWN BELOW OR WEIGHT EXCEEDING THOSE SHOWN ABOVE ARE NOT AUTHORIZED

LOADED HEIGHT	LOADED WIDTH	LOADED OVERALL LENGTH	LOADED OVERHANG	WEIGHT CLASS

ORIGIN | DESTINATION

AUTHORIZED STATE HIGHWAYS – CITY AND/OR COUNTY PERMITS ARE REQUIRED WHEREVER THE * IS SHOWN IN THE STATE ROUTE

ROUTE THROUGH THE CITY OF NEWARK (BE SPECIFIC) ***NOTE: MUST BE CITY-APPROVED TRUCK ROUTES***

PILOT CAR ☐ YES ☐ NO

CASH, CHARGE, CREDIT CARD OR EXEMPT INFORMATION		APPLICANT SIGNATURE	DATE
CREDIT CARD EXP. DATE	FEE $	NUMBER OF TRIPS	AUTHORIZED STATE AGENT	DATE

REQUESTED ROUTE (include Address of Origin and Delivery Site)

CONTACT PERSON

Distribution: Original – Office / Copy – Applicant

F:\Shared\PUBWRKS\0MASTERFORMS\TransportationPermitForm.doc

TRANSPORTATION PERMIT

CITY OF NEWARK ENGINEERING
37101 Newark Blvd., Newark, California 94560-3796
(510) 578-4589 • public.works@newark.org

TO BE ATTACHED TO AND MADE A PART OF TRANSPORTATION PERMIT NUMBER:	
EFFECTIVE:	EXPIRES:

TRANSPORTATION PERMIT RIDER

PERMITEE:	
ADDRESS:	
PHONE #:	
AUTHORIZED AGENT:	

AXLE NUMBER	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**	**18**
NUMBER OF TIRES PER AXLE									
DISTANCE BETWEEN AXLES									
WIDTH OF AXLES AT TIRE SIDEWALL									
MAXIMUM ALLOWABLE WEIGHT									

THIS RIDER DOES NOT NULLIFY NOR MAKE VOID ANY CITATION ISSUED TO THE ORIGINAL PERMIT. EXCEPT AS AMENDED ABOVE ALL OTHER ITEMS AND PROVISIONS OF THE ORIGINAL PERMIT SHALL REMAIN IN EFFECT. THIS RIDER MUST BE ATTACHED TO THE ORIGINAL PERMIT.

City of Newark

PAYMENT AUTHORIZATION FORM

37101 Newark Blvd. Newark, CA 94560
Office: (510) 578-4310 | Fax: (510) 578-4358 | Email: finance@newark.org

Note: Submit this form to finance with your invoice for payment. At the completion of the transaction, this authorization form will be securely destroyed.

FROM: _____

Customer/Business/Company

_____

Address

DESCRIPTION OF PAYMENT:

PAYMENT AMOUNT: _____

(Payments of $15,000 or more are not permitted and cannot be split between multiple credit card payments.)

CREDIT CARD INFORMATION

NAME AS IT APPEARS ON CARD: _____

BILLING ADDRESS: _____

Street/P.O. Box City State Zip Code

PHONE NUMBER: _____ EMAIL: _____

DEBIT/CREDIT CARD NUMBER: _____

PAYMENT TYPE: ☐ VISA ☐ MASTER CARD

EXPIRATION DATE: _____ CVC NUMBER: _____

(mm/yyyy)

Cardholder Signature: _____ Date: _____

By submitting this form, I authorize the City of Newark to charge the debit/credit card for the amount indicated above, on or after the indicated date, and is valid for one-time use only. I certify that I am an authorized user of this debit/credit card and that I will not dispute the payment with my debit/credit card company so long as the transaction corresponds to the terms indicated in the form.