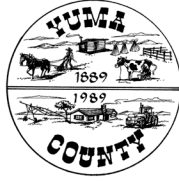


YUMA COUNTY ROAD AND BRIDGE

1310 SOUTH BLAKE -:- WRAY, COLORADO 80758

J R COLDEN
ROAD SUPERVISOR



Phone 970 332 - 5718
Fax 970 332 - 3429
yocrb@co.yuma.co.us

Yuma County Road and Bridge Special Transportation Permit

Date: _____

Applicant*: _____ Email: _____

Company Name, If Applicable* _____

Address*: _____ Phone Number*: _____

Make of Vehicle*: _____ Model*: _____ Unit No. _____

Vehicle VIN*: _____ Gross Weight in Pounds*: _____

Description of Property Being Transported _____

Travel Route _____

From: _____ To: _____

Oversize Select One

Oversize Loads Include anything over
8'5" W / 14'5" H / 57' 4" L

- 8' 6" W - Single Trip \$15.00
- 14' 6" H - Single Trip \$15.00
- 57' 5" L - Single Trip \$15.00
- Annual Trip Oversize \$200.00

Overweight Select One

Gross Permitted Overweight not to exceed 97,000 lbs.

Triple Axle not to exceed 105,000 lbs.

- 12 Months \$300.00
- 6 Months \$150.00
- Triple Axle \$400 Per Year Per Vehicle or fleet \$2,000.00 plus \$25.00 per vehicle.

Expires: _____

Upon the approval of this application duly filed with the Board of Yuma County Commissioners of Colorado, permission is granted to use the Yuma County roadways in the manner and for the purpose in said application stated, provided the said applicant shall use due caution, including adequate warning to the traveling public and by persons at adequate distances behind and in front of the oversize / overweight load to be transported and shall notify the State Patrol 72 hours in advance of the said time of the said use of said roadways, and shall bear any and all expense and repair, if any, of such roadways which shall be necessitated by use of said roadways.

THIS PERMIT IS NOT GOOD: SATURDAY P.M., SUNDAY, OR HOLIDAYS AND BECOMES VOID DURING BLIZZARD, HEAVY SNOW OR ICY ROAD CONDITIONS.
COUNTY OF YUMA, STATE OF COLORADO

All permits must be applied for 2 weeks in advance and require a map of transportation route.

County of Yuma, State of Colorado

By: _____ By: _____
Road Supervisor Yuma County Commissioner

Office Use Only
Fee Paid

Date: _____
Check #: _____
Amount \$: _____