City of Carlsbad
Faraday Center
1635 Faraday Ave
Carlsbad, CA 92008
760-602-2420

City of Carlsbad

OVERSIZED VEHICLE/TRAILER PERMIT APPLICATION

☐ Resident ☐ Guest

City of Carlsbad Resident Information

Applicant/Contact: _____ Date or Year of Use: _____

Address: _____ Phone: _____

City, State and Zip: _____ Email Address: _____

Oversized Vehicle Information

Vehicles Owners Name _____ Veh. Make and Model: _____

Type (RV, camper, trailer, truck, etc.) _____ Veh. Color: _____

Vehicle Identification Number (VIN): _____ License plate: _____

I declare under penalty of perjury under the laws of the State of California the foregoing is true and correct.

_____ _____

Applicant Signature Date

The following sections are for the City of Carlsbad use only. When filing this application, the resident must submit the following items for verification.

☐ Valid California driver's license

☐ Proof of DMV registration

☐ Proof of residency (verified active utility account, property taxes, gas or electric bill)

_____ _____ _____

Carlsbad Representative Signature Permit Number Date