

ATTN:

AgHauler Program Officer

AGRICULTURAL HAULERS EXEMPTION FORM INITIAL EXEMPTION REQUEST

E-MAIL: FAX:	AgHaulerProgram@chp.ca.gov (916) 322-3154		
DATE:			
To whom it n	nay concern:		
	request permission to operate under the aware that I must file monthly reports 2019.		
My Californi	a Carrier (CA) Number is:		
CONTACT IN Name:	FORMATION:		
Business Nar	me (optional):		
Address:			
City, State, Z	IP:		
E-mail:			
Telephone:			
Fax:			
Preferred Met	thod of contact: Far	ix:	E-mail:
•	of products, secured by corner, cables,	C	*
□ Tubs	Tubs of products, secured by bolts, welds, and/or cables		
□ Boxe	Boxes of products, secured by corner irons, cables, and lateral straps.		
□ Boxe	es or bins of products secured by longitudes	tudinal, unitizi	ng straps or ropes, and lateral straps.
□ Othe	r (please describe):		
Thank you fo	or the consideration of this request. I lo	ook forward to	hearing from you.
Sincerely,			