



Permit Feedback Form

Please use this form to document specific interactions with Caltrans Transportation Permit staff. Please fill out as much information as you can. If crucial information is not included, it may be difficult to review and submit to Caltrans.

-Email all applicable information including Permit Feedback Form email package to Eric Sauer at esauer@caltrux.org.

- Today's Date: _____ Date of occurrence: _____
- Trucking Industry/Permit Service: _____
Contact Person: _____
Phone number: _____ Email: _____
- Occurrence involved: Permits Office Vehicle Inspectors *(Circle one)*
- Specific Permit Manager/Writer/Inspector involved: _____
- Type of Permit: Single Trip/ STARS/ Annual/ Variance/ Direct Crossing
(Circle all that apply) **Or Inspection Report**
- How long did it take to receive an approval for your request? _____
- How long did it take to schedule for a vehicle inspection? - _____

Please provide accurate details (below) regarding the occurrence:

(Attach a separate document if more space is needed)

Please circle all included attachments:

- Original Permit and/or Duplicate Permit
- Denied Permit Application
- Vehicle Inspection Report
- Route Survey
- Form 59
- Miscellaneous