DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

## PERMIT APPLICATION FOR ACTIVITY ON STATE PROPERTY

CHP 398 (Rev. 1-06) OPI 029

| CHF 390 (Nev. 1-00) OFT 029                                                                                                 |                           |                                    |                   |                             |                     |  |
|-----------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------------------------|-------------------|-----------------------------|---------------------|--|
| ALL INFORMATION MUST BE PROVIDED  (Attach additional sheets if necessary)                                                   |                           |                                    |                   |                             |                     |  |
| ORGANIZATION/APPLICANT NAME                                                                                                 |                           |                                    |                   |                             |                     |  |
| ADDRESS (STREET, CITY, STATE, ZIP CODE; DO NOT USE P.O. B                                                                   | OX)                       |                                    |                   |                             |                     |  |
| CONTACT PERSON                                                                                                              |                           |                                    | TELEPHONE NUMBER  |                             | FACSIMILE NUMBER    |  |
| DATE(S) OF ACTIVITY/EVENT (MONTH, DAY, YEAR)                                                                                |                           | NUMBER OF PAR                      |                   | PANTS                       |                     |  |
| IDENTIFICATION OF SECURITY (NAME, ADDRESS AND TELEPHONE                                                                     | NE NUMBER OF SECU         | JRITY PERSONNEL OR (               | COMPANY AND DESC  | RIPTION OF EMBLEM (         | DR I.D. TO BE WORN) |  |
| SPECIFIC LOCATION OF ACTIVITY                                                                                               |                           |                                    |                   | BUILDING MANAGER CONTACTED? |                     |  |
| DEPARTMENT:                                                                                                                 |                           |                                    | ☐ YES ☐ NO        |                             |                     |  |
| ADDRESS:  DESCRIPTION OF ACTIVITY                                                                                           |                           |                                    |                   |                             |                     |  |
|                                                                                                                             |                           |                                    |                   |                             |                     |  |
| SET-UP TIME (a.m./p.m.)                                                                                                     | STARTING TIME (a.m./p.m.) |                                    |                   | ENDING TIME (a.m./p.m.)     |                     |  |
| LIST ITEMS USED FOR YOUR ACTIVITY (INCLUDE SIGNS, POSTEI                                                                    | RS TARLES SOUNDS          | SVSTEMS EQUIPMENT                  | OR OTHER ARTICLES | 9                           |                     |  |
| CONTACT ALCOHOLIC BEVERAGE CONTROL (ABC) IF A WILL ALCOHOLIC BEVERAGES BE SERVED?  IF YES, ABC CONTACTED?  YES              | ES NO                     | ABC LICENSE REC                    | UIRED?            | YES NO                      | DLIC LICENSE        |  |
| IF NO, ABC EMPLOYE SIGNATU  NAME(S), ADDRESS(ES) AND PHONE NUMBER(S) OF PERSON(S) RESPONSIBLE FOR CLEAN-UP AFTER ACTIVITY   |                           |                                    |                   |                             |                     |  |
| Applicant accepts financial liability for any dama Applicant signature below reflects agreement wamendments to said permit. | ges to state pro          | perty by members                   | of his/her party  |                             |                     |  |
| APPLICANT SIGNATURE                                                                                                         |                           | PRINT NAME                         |                   |                             | DATE                |  |
| THIS APPLICATION BECOMES A PER                                                                                              |                           | │<br>「IVITY ON STA<br>LIFORNIA HIG |                   |                             | UTHORIZED SIGNATURE |  |
|                                                                                                                             |                           | CHP USE ONL                        | Υ                 |                             |                     |  |
| ADDITIONAL TERMS AND CONDITIONS                                                                                             |                           |                                    |                   |                             |                     |  |
| COMMANDER OR DESIGNEE SIGNATURE                                                                                             |                           |                                    |                   |                             | DATE                |  |
| DATE AND TIME RECEIVED                                                                                                      |                           | CONFIRMATION/PERI                  | MIT NUMBER        |                             |                     |  |