

OVERWEIGHT VEHICLE SINGLE TRIP PERMIT

PERMIT # _____

Pending # _____

PART 1 - APPLICATION

Company Name: _____

Address: _____

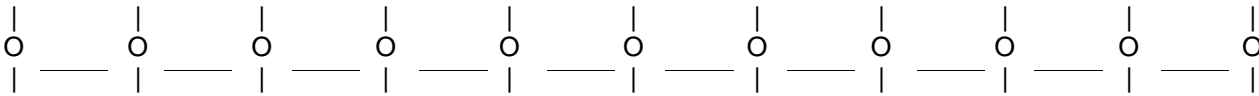
Phone: _____

I hereby make application by _____ phone _____ fax or _____ in person under Highways Regs s. 16(1) for an overweight vehicle permit to operate vehicle _____

Year/Make/Model

license plate _____ which will be used to move the load deemed to be non-divisible and described as follows:

having the weight:



Axle Group	1	2	3	4	5	6	Total
Estimated							kg
Actual							kg
Legal							
Over							kg

GVW: _____ kg

The overweight vehicle will travel on _____ from place of origin at _____
Route of Travel
 _____ To place of destination _____ on _____
Estimated date of move

Date of Application

Print Name

Signature of Applicant: I certify that the information provided is correct to the best of my knowledge.

PART II - REVIEW OF APPLICATION

Having reviewed the application above and determined that:

- Driving the overweight vehicle on the specified highway will be safe
- The overweight vehicle will not cause excessive damage to the highway and
- It is not practical to reduce, redistribute, divide or remove part of the load so that the legal limits can be met

I hereby authorize the overweight vehicle to operate on the designated from origin to destination during the period specified above

Good for one way trip only.

No stopping, gear changing, sudden acceleration or braking on bridges.

Tire chains must be carried for winter driving conditions. October 15th to April 15th.

Date

Signature of Authorized Officer

Fee: \$15.00 plus (\$.04 X _____ tonnes) X _____ kms travelled = \$ _____

- Cash
- Chrg