

See Guidelines for Completing the Oversize/Overweight Permit Application.

1. Declaration I / we understand that under the provision of subsection 110(5) of the Highway Traffic Act, the owner, operator or mover of a heavy vehicle, load, object or structure in respect of which a permit is granted under this section who has obtained a permit is nevertheless responsible for all damages that may be caused to the highway, by reason of the driving, operating or moving of any such heavy vehicle load, object or structure.
 The applicant certifies that the information contained in this application is true and acknowledges and accepts the responsibilities imposed by law on the applicant in relation to the operation of a commercial motor vehicle under the authority of the permit(s) issued pursuant to this application.

| Ministry Use Only | | | | | | | | | |
|-------------------|--|---|----------------|---|----------------|--|--|--|--|
| Fee \$ | _____ | | | | | | | | |
| Permit# | _____ | | | | | | | | |
| Date | <table border="1"> <tr> <td>Y</td><td>M</td><td>D</td><td>Staff Initials</td> </tr> <tr> <td> </td><td> </td><td> </td><td> </td> </tr> </table> | Y | M | D | Staff Initials | | | | |
| Y | M | D | Staff Initials | | | | | | |
| | | | | | | | | | |

Signature of Authorized Applicant / Agent _____ Position / Title _____ Date _____

2a. Applicant Information

CVOR No. or N.S.C. No. _____ Jurisdiction power unit is registered in:

_____ Number of permits required?

Company Name (per **Articles of Incorporation**) or Last Name, First Name _____ Do you require permit issued in bilingual format? Yes

HEAD OFFICE ADDRESS - Street No. & Name or Lot, Con., Twp. _____ City, Town, Village _____ Province / State _____ Postal Code / Zip Code _____

Company Tel. No. _____ Company Fax No. _____ Company Contact Name _____ Company Email Address _____

2b. Permit Agency Information

Company Name _____

Street No. & Name or Lot, Con., Twp. _____ City, Town, Village _____ Province / State _____ Postal Code / Zip Code _____

Agent Tel. No. _____ Agent Fax No. _____ Agent Contact Name _____ Agent Email Address _____

3. Purpose of Application

New Amendment Previous Permit No. (attach copy if applicable): _____.

4. Proposed Movement Information

Start Date

| | | |
|---|---|---|
| Y | M | D |
| | | |

 End Date

| | | |
|---|---|---|
| Y | M | D |
| | | |

 Weekend Travel Requested? (subject to eligibility)

| North American origin of goods to be moved - Street Address | North American destination of goods to be moved Street Address |
|--|---|
| _____ | _____ |
| City and Province / State _____ | City and Province / State _____ |
| Postal or zip code _____ | Postal or zip code _____ |
| Border entry crossing (if applicable) _____ | Border exit crossing (if applicable) _____ |

5. Route Details: Indicate below entire proposed route, including all provincial highways and municipal roads¹ (include jurisdiction).
¹ Separate Permitting Required

Total distance on King's Highways: < 100 km 100 km to < 500 km => 500 km

6. Travelling on toll highway 407ETR? Yes No

Tractor Plate Number
(optional if not using 407ETR)

Trailer Plate Number
(optional if not using 407ETR)

Transponder No.

7. LOAD DESCRIPTION - Describe what is being moved

This is a request to carry tow or operate (self propelled vehicle) a:



If Load is a Self Propelled Vehicle, provide the Make _____ Model _____ Serial Number _____

Is load destined for disassembly or scrap? Yes No Rear Overhang (if exceeds 4.65m) Measured from the centre of the rearmost axle: _____ metres.

| | | | | |
|---------------------------------------|---------------------------------|-----------------------------------|---|--|
| Vehicle (Power Unit) Length metres | Trailer Width metres | Trailer Length metres | Manufacturer's Rated Capacity of Trailer kilograms | Bill of Lading Number: |
| Load Length metres | Load Width metres | Load Height metres | Load Weight kgs | Ministry Use Only: Weight Approval YES NO Applicable Conditions: 68 _{/40} <input type="checkbox"/> 36/37 _{/PE} <input type="checkbox"/> 61 _{/TS} <input type="checkbox"/> 67 _{/25} <input type="checkbox"/> 69 _{/OHLV} <input type="checkbox"/> 45 _{/WEA} <input type="checkbox"/> 66 _{/10} <input type="checkbox"/> 70 _{/CNTR} <input type="checkbox"/> 62 _{/OPP} <input type="checkbox"/> Init: _____ |
| Overall Combined Length metres | Width at Widest Point metres | Height at Highest Point metres | Gross Weight Within HTA Weight <input type="checkbox"/> Exceeds HTA Weight <input type="checkbox"/> | |

Provide ministry issued Configuration Number _____ or complete chart below (heavy bordered area only required if weight exceeds HTA)

| Axle # | Equipment Type | Number of Tires per axle | Mfg. Rated Axle Capacity (kg) | Tire Width (mm) | Tire Rating (kgs) | Requested weight per axle (kg) | Inter-axle Spacing (m) |
|--------|----------------|--------------------------|-------------------------------|-----------------|-------------------|--------------------------------|------------------------|
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| 11 | | | | | | | |
| 12 | | | | | | | |
| 13 | | | | | | | |

Total Weight Requested

Provide a separate diagram for vehicles in excess of 13 axles.

8. Registered Gross Vehicle Weight

Ontario Carriers:

Registered Gross Vehicle Weight (RGVW)? _____ kgs.

Out-of-Province Carriers:

Is Ontario registered on your IRP apportioned Cab Card? Yes No

If yes, what is the Registered Gross Vehicle Weight (RGVW) for Ontario? _____ kgs.

If not, what is the RGVW in the Registered Jurisdiction of the Power Unit? _____ kgs.

9. Payment and delivery options

Method of Payment: Cash Cheque Direct Payment Credit Card

Method of Permit Delivery: Picked up E-mailed Faxed (\$5 fee applicable)

Comments - Ministry use only