

See instructions on separate sheet.

**Ministry Use Only**
**1. Application under the Ontario/Quebec Harmonization Agreement for:**

(Type of Permit – select only one - use separate application forms for additional permit types)

- |  |  |
|--|--|
| <input type="checkbox"/> Interim 14.65 m Quad trailers | <input type="checkbox"/> Trial 16.2 m Quad trailers (limit 10 permits/month) |
| <input type="checkbox"/> Existing 15.5 m Quad Trailers | <input type="checkbox"/> Existing 14.65 m Quad trailers                      |
| <input type="checkbox"/> New Permit(s)                 | <input type="checkbox"/> Renewal(s)  |
| <input type="checkbox"/> Replacement (\$10.00 fee)     |  |

Previous permit # \_\_\_\_\_ and attach a copy

Fee \$ \_\_\_\_\_

Permit # SV \_\_\_\_\_

Date YYMMDD Staff Initials

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Voucher # \_\_\_\_\_

Fee: \$ \_\_\_\_\_ (\$150. plus \$50. for each legal affiliate) X number of permitted trailers.

**Method of Payment**

- 
- Cash
- 
- Cheque
- 
- Credit Card
- 
- Prepaid Account # \_\_\_\_\_

**Payment made by credit card must complete the attached Credit Card Authorization Letter**
**2. Applicant Information**

 Do you require permit issued in bilingual format? 

Applicant Legal Corporate Name (per articles of Incorporation and as listed on CVOR certificate)

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Carrier Name

CVOR Number

Address City, Town, Village Province Postal/Zip Code

 Indicate with  if copy is to be sent by fax (\$5 charge) or e-mail

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Telephone No.

Fax No.

Contact Person

E-Mail Address

List of legally affiliated companies to be included under the provisions of the Permit(s) (additional cost of \$50/permit for each affiliate)

2	Name	CVOR No.

 Additional affiliates are listed on separate attachment.

**3. Equipment Identification**

List all semi-trailers to be issued permit(s) under the trailer type indicated in 1. above.

Vehicle Make	VIN (17 characters in length)	Date of Manufacture YYYY/MM/DD	If applying for either existing Quad trailer category, <b>Do Axles Load Equalize?</b>
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

 Additional trailers are listed on separate attachment

**4. Declaration** 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. The applicant further acknowledges his understanding that this permit may be suspended, modified or cancelled pursuant to Section 110.3 and/or 110.4 of the Highway Traffic Act.

**Signature of Authorized Applicant/Agent**
**Position**
**Date**

 Information in this form is collected under the authority of the Highway Traffic Act and is used to evaluate eligibility to obtain a Special Vehicle Configuration Permit(s). Forward applications or direct inquiries to: MTO, Carrier Sanctions & Investigation Office, Permit Section, 301 St. Paul St., 3<sup>rd</sup> floor, St. Catharines, ON L2R 7R4 Tel: 416-246-7166 Fax: 905-704-2545 <http://www.mto.gov.on.ca>
**Print clearly – Incomplete or illegible applications will be returned without being processed**