



Special Permit Office
 Transportation Policy Branch
 New Brunswick Department
 of Transportation
 P.O. Box 6000
 Fredericton, NB E3B 5H1

FAX: (506) 444-4488

email:
 special.permits@gnb.ca

Permit fee: Nil

APPLICATION FOR A CLOSED ROAD PERMIT

(Complete only sections that pertain to you)

<input type="checkbox"/>	Local Delivery Annual Permit	
	Name and address of Company	
	Credential information <input type="checkbox"/> Letter from company explaining need for closed road permit	
	Route number(s)	

<input type="checkbox"/>	Local Delivery Single Trip Permit		
	Name and address of Company		Load
	Credential information <input type="checkbox"/> Copy of bill of lading, or <input type="checkbox"/> Letter from company explaining need for closed road permit		
	Route number(s)		
	Truck specifics		
	Year	Make	Serial number (last 6 digits)

<input type="checkbox"/>	Residential Annual Permit
	Name and address of Applicant (must match driver's license)
	Credential information <input type="checkbox"/> Photocopy of driver's license
Route number	

Applicant telephone number _____ Fax _____

E-mail address _____

Signature of Applicant _____