



Transportation Policy, Permit Office

P.O. Box 6000 Fredericton, New Brunswick Canada E3B 5H1

Phone (506) 453-2982 FAX: (506) 444-4488 E-Mail: special.permits@gnb.ca

Application to transport an indivisible oversize and/or overweight load

### SINGLE TRIP PERMIT

To determine if a permit is required, refer to Vehicle Dimensions and Mass Regulation 2001-67 that is available at: [www.gnb.ca/0062/regs/2001-67.htm](http://www.gnb.ca/0062/regs/2001-67.htm).

Before submitting this application refer to "Trucking Services - Special Permit" that is available at: <http://app.infoaa.7700.gnb.ca/gnb/Pub/EServices/ListServicesByDept.asp?DeptID1=40#T1239>.

<b>Permit type requested</b>	<input type="checkbox"/> Oversize	<input type="checkbox"/> Oversize/Overweight
If identical permit has previously been issued, provide permit number:		

<b>Choice of language</b>	<input type="checkbox"/> English	<input type="checkbox"/> French
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<b>Registered owner of the truck tractor or semi-trailer</b>	
Name:	Contact person:
Address:	Telephone:
City:	Fax:
Province or State:	Insurance Company*:
Postal Code:	Policy Number*:
E-Mail Address:	
*Required if load is over 4.88 m in width	

<b>Travel and Load details</b>	
Start date requested:	<u>    /    /    </u> dd/mm/yy
Origin in N.B.*:	Load Description:
Destination in N.B.*:	Requested Routing:
*Be specific with Origin and Destination	

<b>Dimension details</b> (vehicles and load)	
Overall Width:	Front Overhang:
Overall Length:	Rear Overhang:
Overall Height:	

Single trip permit

**Vehicle details**

Truck tractor

Semi-trailer

Year:

Year:

Make:

Make:

Full Serial

Full Serial

Number:

Number:

License Plate Number:

License Plate Number:

Province or State:

Province or State:

Number of Axles\*:

Number of Axles\*:

\*Required only if overweight

**Axle configuration details**

(complete information below for all overweight applications, use additional sheets as required)

Axle	1	2	3	4	5	6	7	8	9
Weight (Kg)									
Tire width (mm)									
No. of Tires	2								
Spacing (m)									

Total weight (vehicles and load):

kg

**Other trailer or jeep dolly details\***

Is a dolly or booster being used?

Number of axles on dolly or booster:

\*Dollies and boosters shall not be used when empty

**Payment details** (do not send cash by mail)

Cash

Cheque or money order

Visa

Mastercard

Credit Card Number:

Expiration Date (mm/yy):

**Send permit to**

Company (provide fax number if different than above):

Scale

District

SNB Office

Location:

" The information you provide to the Department of Transportation on this form will be used for the issuance of Special Permits. Personal information will be used for internal administration purposes only and will not be shared with other organizations without the client's permission, in accordance with the Protection of Personal Information Act."