

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

C.V.O.R. No. or N.S.C. No. _____ PRIO Account Number _____ Jurisdiction power unit is registered in: _____

Please visit the [Ministry of Transportation website](#) for current product fees. Number of permits required _____ Total _____

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

Are Contract/Project support documents attached? Yes
(see guidelines for detailed requirements)

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

If **New** permit, indicate requested Start Date: _____

4. Proposed Movement Information

Start Date _____ End Date _____

North American origin of goods to be moved -	North American destination of goods to be moved -
Street Address _____	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).

Travelling on toll highways? Yes No Transponder No. _____

Tractor Plate Number _____ Trailer Plate Number _____

6. Select to authorize the moving of: (Other Loads or Vehicles may be listed separately and attached with all relevant information)	Width (m)	Length	Weight (kgs)
		Height	
<input type="checkbox"/> _____ on a _____ type trailer drawn by a commercial motor vehicle, both bearing a registration that is valid in Ontario.		m	<input type="checkbox"/> HTA <input type="checkbox"/> Std Annual <input type="checkbox"/> Special Wts
<input type="checkbox"/> _____ on a _____ type trailer drawn by a commercial motor vehicle, both bearing a registration that is valid in Ontario.		m	<input type="checkbox"/> HTA <input type="checkbox"/> Std Annual <input type="checkbox"/> Special Wts
<input type="checkbox"/> _____ type trailer drawn by a commercial motor vehicle bearing a registration that is valid in Ontario. Rear Overhang (if exceeds 4.65m). Measured from the centre of the rearmost axle: _____ metres.		m	<input type="checkbox"/> HTA <input type="checkbox"/> Std Annual <input type="checkbox"/> Special Wts

7a. Where Special Weights are selected, the following table must be completed in full:

Axle #	Equipment Type	Number of Tires	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							

Provide a separate diagram for vehicles in excess of 13 axles. Total Weight Requested (Maximum 70,000 kgs).

7b. Where Standard Project Weights are selected, the following blanket allowable weights will apply:

- Authorized weights for the transportation of indivisible loads:
- a) Weight on tires less than 350 mm wide may not exceed eleven kilograms per millimetre width as embossed on the tire sidewalls; tires greater than 350mm wide may not exceed ten kilograms per millimetre width as embossed on the tire sidewall;
 - b) Weights shall not exceed the Manufacturers Rated Capacity of any vehicle or tire component;
 - c) Weight limit on a single axle other than a front axle shall be as per HTA plus 5,000 kg. Axles equipped with single tires may not exceed 9,000 kgs;
 - d) Weight limit on tandem axles or two axle groups shall be as per HTA plus 7,000 kg;
 - e) Weight limit on all other axle units and groups:
 - a. with a total spread of less than 3.6 metres shall be as per HTA plus 9,000 kg;
 - b. with a total spread of 3.6 metres or greater shall be as per HTA plus 10,000 kg;
 - f) Gross weight limit for:
 - a. Tractors drawing a two axle trailer; 55,000 kg;
 - b. Tractors drawing a trailer having three or more axles with a base length of equal to or less than 16.5 metres, the lesser of HTA Reg 413/05 plus 10,000 kg or 63,500 kg;
 - c. Tractors drawing a trailer having three or more axles with a base length greater than 16.5 metres, the lesser of HTA Reg 413/05 plus 13,000 kg or 63,500 kg;
 - g) RGW at least the lesser of 63,500 kg or actual gross vehicle weight.

Notwithstanding Condition 24, the permit holder is entitled to overweight privileges when a reduced load period is in effect subject to the lesser of the above weight restrictions or a maximum of 7700 kg per axle with single (two) tires and 10,000 kg per axle with dual (four) tires. Overweight privileges are prohibited on all highways designated as being subject to reduced loading and posted as such in accordance with Ontario Regulation 615.

8. Payment and delivery options

Method of Payment : Cheque Credit Card Prepaid Account

Method of Permit Delivery : Picked up Mailed Courier (charge my credit card) Courier (use my account) (Courier's Name & Acct. No. _____)

Comments - Ministry use only

Personal information in this form is collected under the authority of Section 205 of the Highway Traffic Act and is used to evaluate eligibility to obtain an overdimensional permit(s). Direct enquiries to: Weight & Load Engineer, MTO, Carrier Sanctions & Investigation Office, Oversize/Overweight Permit Section, 301 St. Paul St., 3rd floor, St. Catharines, On L2R 7R4 (416) 246-7166 / 1(800) 387-7736. <http://www.mto.gov.on.ca>

Applicant's Information			Office Use Only
Name / Company / Dealer		Operator No. <input type="text"/> <input type="text"/> Office No. <input type="text"/> <input type="text"/>	
Street No. and Name, P.O. Box, R.R. or Lot, Con. and Twp.		Apt. / Suite No.	Business Date Y <input type="text"/> <input type="text"/> M <input type="text"/> <input type="text"/> D <input type="text"/> <input type="text"/>
City, Town or Village		<input type="checkbox"/> Fee Paid	
Postal or Zip Code	Prov. or State	Country	
Email	Daytime Phone No.	Alternate Phone No.	

Provide **one (1)** of the following Ontario identification numbers below.
 If you do not have any of the information requested below check the "Not Available / None of the above" box.

Driver's Licence (DL) Number:			
Licence Plate Number:			
Registrant Identification Number (RIN):	Dealer Number:		
Commercial Vehicle Operator's Registration (CVOR) Number:	National Safety Code (NSC) Number:		
Motor Vehicle Inspection Station (MVIS) Number:			
Vehicle Identification Number (VIN):			
<input type="checkbox"/> Not Available / None of the above			

Under provincial legislation, a false statement from the applicant may result in a penalty.

The personal information provided by you on this form is collected to assist with payment verification for the Ministry of Transportation's driver, vehicle and carrier products and services, for which the Ministry is responsible under the *Highway Traffic Act*. If you have any questions about the information collected on this form, please contact the Operations Manager, ServiceOntario Driver & Vehicle Contact Centre at 416 235-2999 or 1 800 387-3445 or visit ServiceOntario.ca.

Credit Card Information

Print Name of Cardholder (as it appears on the credit card)	Name of Credit Card Company <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard
Print Name of Signing Authority (if different than name of Cardholder)	
Signature of Cardholder and/or Signing Authority X	Date Y <input type="text"/> <input type="text"/> M <input type="text"/> <input type="text"/> D <input type="text"/> <input type="text"/>
SR-LV-034 2012/05 (p) © Queen's Printer for Ontario, 2012 Medium Sensitivity when completed	
Credit Card Number (Print Clearly) <input type="text"/>	Expiration Date MM <input type="text"/> <input type="text"/> YY <input type="text"/> <input type="text"/>