

**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 # \_\_\_\_\_  
 Y M D Staff Initials  
 Date | | | | | \_\_\_\_\_

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: \_\_\_\_\_  
 \_\_\_\_\_ Number of permits required? \_\_\_\_\_  
 Do you require permit issued in bilingual format?  Yes

Company Name (per **Articles of Incorporation**) or Last Name, First Name \_\_\_\_\_

**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 Email Address \_\_\_\_\_ Agent Tel. No. \_\_\_\_\_ Agent Fax No. \_\_\_\_\_ Agent Contact Name \_\_\_\_\_

**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 \_\_\_\_\_  
 City and Province / State \_\_\_\_\_  
 Postal or zip code \_\_\_\_\_  
 Border entry crossing (if applicable) \_\_\_\_\_

**North American destination of goods to be moved -**  
 Street Address \_\_\_\_\_  
 City and Province / State \_\_\_\_\_  
 Postal or zip code \_\_\_\_\_  
 Border exit crossing (if applicable) \_\_\_\_\_

**5. Route Details:** Indicate below entire proposed route, including all provincial highways and municipal roads<sup>1</sup> (include jurisdiction).

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Total distance on King's Highways:  < 100 km  100 km to < 500 km  => 500 km <sup>1</sup> Separate Permitting Required

**6. Travelling on toll highways?**

Yes  No  
 Transponder No. \_\_\_\_\_ Tractor Plate Number \_\_\_\_\_  
 \_\_\_\_\_ Trailer Plate Number \_\_\_\_\_

**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 \_\_\_\_\_

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	Rear Overhang (if exceeds 4.65m) Measured from the centre of the rearmost axle: _____ metres.
Overall Combined Length metres	Width at Widest Point metres	Height at Highest Point metres	Gross Weight <input type="checkbox"/> Within HTA Weight <input type="checkbox"/> Exceeds HTA Weight	Is load destined for disassembly or scrap? <input type="checkbox"/> Yes <input type="checkbox"/> No

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							

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

**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 :  Cheque  Credit Card  Prepaid Account

Method of Permit Delivery :  Picked up  E-mailed  Faxed

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"/> Office No. <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"/> M <input type="text"/> D <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:	<input type="text"/>		
Licence Plate Number:	<input type="text"/>		
Registrant Identification Number (RIN):	Dealer Number:	<input type="text"/>	
Commercial Vehicle Operator's Registration (CVOR) Number:	National Safety Code (NSC) Number:	<input type="text"/>	
Motor Vehicle Inspection Station (MVIS) Number:	<input type="text"/>		
Vehicle Identification Number (VIN):	<input type="text"/>		
<input type="checkbox"/> Not Available / None of the above	<input type="text"/>		

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](http://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 <b>X</b>	Date Y <input type="text"/> M <input type="text"/> D <input type="text"/>
Credit Card Number (Print Clearly) <input type="text"/>	Expiration Date MM <input type="text"/> YY <input type="text"/>