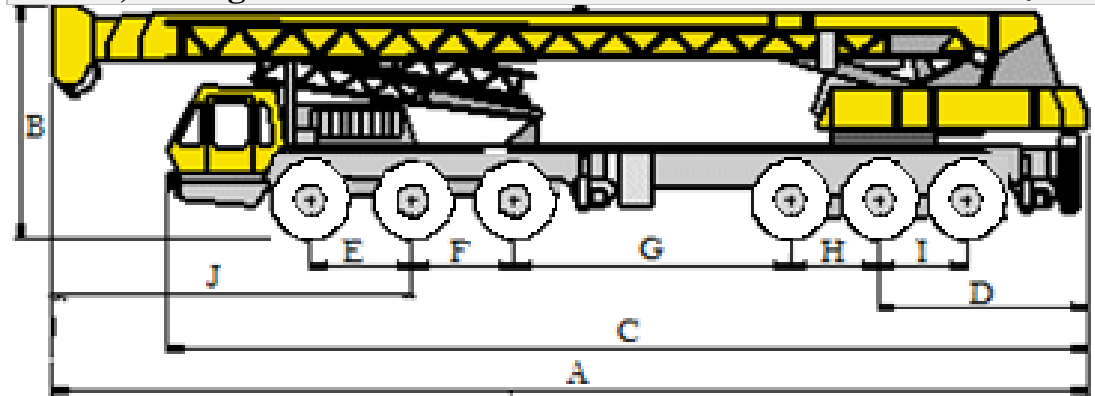


Multi-trip Overweight Permit Request for Permanently Mounted Equipment - Single Unit

Part 1, Application		
Name of Organization:		MVID:
Contact Name:	Phone Number:	
Mailing Address:		
City:	Province:	Postal Code:
Contact Email:		
Part 2, Vehicle Information		
Unit Number:		Plate Number: <i>(include jurisdiction)</i>
Make/Model:		Type: <i>(concrete pump, etc)</i>
Serial Number:		Registered GVW:

<u>Tire Size</u>	Steer:	Drives:	
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Part 3, Configuration & Dimensions *Please use checkboxes to indicate number of axles on vehicle*



Number of Axles:	Dimensions:	Inter-axle Spacings:
Steer Axle Group:	A - Overall Length:	E -
Drive Axle Group:	B - Overall Height:	F -
	Overall Width:	G -
	C- Length of Carrier	H -
	D - Effective Rear Overhang	I -
		J -

Part 4, Seasonal Weight Request		
Spring	Steer:	Drives:
Post Thaw	Steer:	Drives:
Summer	Steer:	Drives:
Fall	Steer:	Drives:
Winter	Steer:	Drives:

Part 5, Certification & Payment
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I certify that information provided in this application is true and correct.

Print Name

Signature

Date

Payment Method:

On Account

Credit Card - Email payment link

An email link will be sent to the email listed below for credit card payment.

Email: