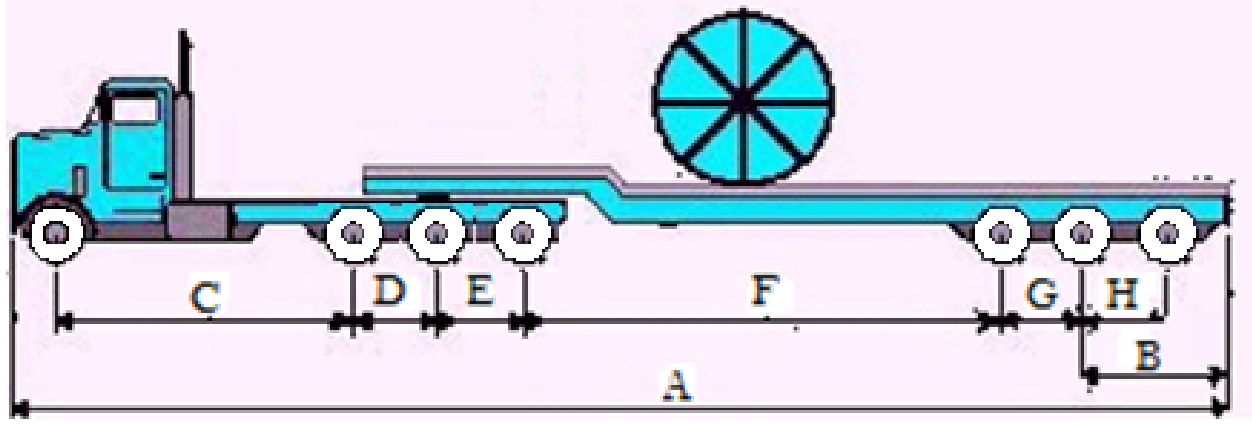


## Multi-trip Overweight Permit Request for Permanently Mounted Equipment - Tractor/Trailer Units

<b>Part 1, Application</b>			
Name of Organization:			MVID:
Contact Name:		Phone Number:	
Mailing Address:			
City:	Province:	Postal Code:	
Contact Email:			
<b>Part 2, Vehicle Information</b>			
Unit Number:		Plate Number: <i>(include jurisdiction)</i>	
Make/Model:		Type: <i>(coil tubing, etc)</i>	
Serial Number:		Registered GVW:	
<b>Tire Size</b>	Steer:	Drives:	Trailer:

**Part 3, Configuration & Dimensions** *Please use checkboxes to indicate number of axles on vehicle*



Number of Axles:	Dimensions:	Inter-axle Spacings:
Steer Axle:	A - Overall length:	C -
Drive Axle:	B - Effective Rear Overhang:	D -
Trailer Axle:	Overall Width:	E -
	Overall Height:	F -
		G -
		H -

<b>Part 4, Seasonal Weight Request</b>			
<b>Spring</b>	Steer:	Drives:	Trailer:
<b>Post Thaw</b>	Steer:	Drives:	Trailer:
<b>Summer</b>	Steer:	Drives:	Trailer:
<b>Fall</b>	Steer:	Drives:	Trailer:
<b>Winter</b>	Steer:	Drives:	Trailer:

<b>Part 5, Certification &amp; Payment</b>
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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: