



**Permitting &  
Approvals  
Application Form**

**Multi-trip Overweight  
Permit Request**  
Last Modified: February 26, 2024

## Multi-trip Overweight Permit Request for Permanently Mounted Equipment Single Units/Counterweights/

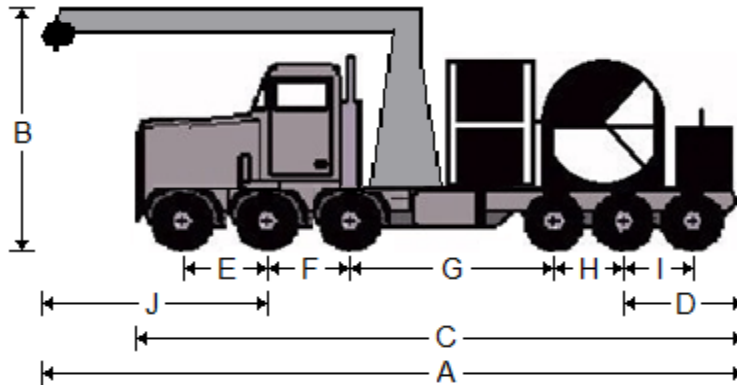
### Part 1, Application

Name of Organization:		MVID:
Contact Name:	Phone Number:	
Contact Email:		

### Part 2, Vehicle Information

Unit Number:	Plate Number (include jurisdiction):
Make:	Model:
<b>Equipment Type</b> (concrete pumper/coil tubing/counterweight/drill rig/etc.):	
Is the vehicle a bed, picker or winch truck? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Serial Number:	Registered GVW (kg):

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



Dimensions (metres):		Inter-axle Spacings (metres):
A - Overall Length (with or without trailer)		E -
B - Overall Height		F -
C - Length of Carrier		G -
D - Effective Rear Overhang (measured from turn centre)		H -
J - Effective Derrick Front Overhang (measured from turn centre)		I -
Overall Width:		
Truck Track Width:		

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<b>Part 4, Seasonal Weight Request (kilograms)</b>						
Axle Group	Tire Size	Spring	Post Thaw	Summer	Fall	Winter
Steer						
Drives						

<b>Internal office use only:</b>	<b>Verified and complies with Permanently Mounted Equipment specifications?</b> <input type="checkbox"/>
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<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: