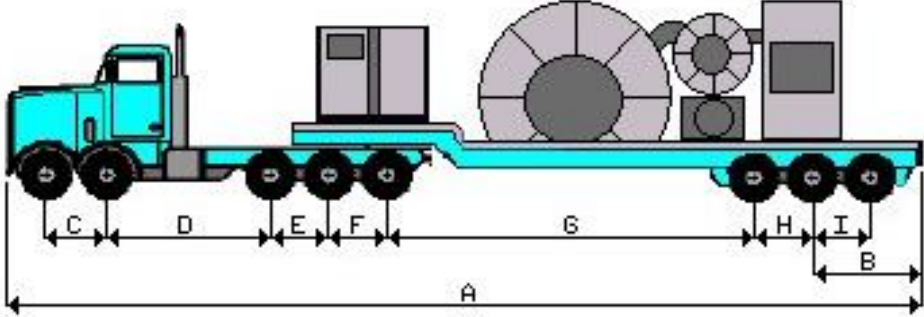


## Multi-trip Overweight Permit Request for Permanently Mounted Equipment - Tractor/Trailer Units

|  |              |   |                                      |               |
|--|--------------|---|--------------------------------------|---------------|
| <b>Part 1, Application</b>   |              |   |                                      |               |
| Name of Organization:  |              |   | MVID:                                |               |
| Contact Name:  |              | Phone Number:   |                                      |               |
| Contact Email:   |              |   |                                      |               |
| <b>Part 2, Vehicle Information</b>   |              |   |                                      |               |
| Unit Number:   | Truck Plate: | Jurisdiction:   | Trailer Plate:                       | Jurisdiction: |
| Make/Model:  |              | Type: <i>(coil tubing unit, fluid pumper trailer, etc.)</i> |                                      |               |
| Serial Number:   |              | Registered GVW:   |                                      |               |
| <b>Part 3, Configuration &amp; Dimensions</b> <i>Please mark boxes to indicate number of axles on vehicles</i> |              |   |                                      |               |
|                            |              |   |                                      |               |
| <b>Dimensions (meters):</b>  |              |   | <b>Inter-axle Spacings (meters):</b> |               |
| A - Overall length:  |              |   | C -                                  |               |
| B - Effective Rear Overhang:   |              |   | D -                                  |               |
| Overall Width:   |              |   | E -                                  |               |
| Overall Height:  |              |   | F -                                  |               |
|  |              |   | G -                                  |               |
|  |              |   | H -                                  |               |
|  |              |   | I -                                  |               |

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

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

I certify that information provided in this application is true and correct.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Payment Method:

On Account

Credit Card\*

\*If credit card, please provide the email address you'd like the payment link sent to

Email: \_\_\_\_\_