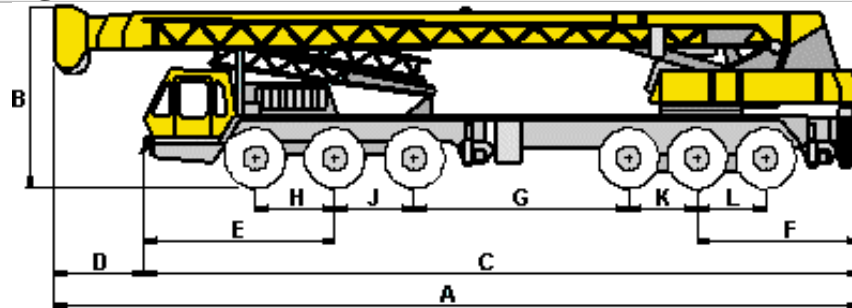


Multi-trip Overweight Permit Request for Service Rigs

| | | | |
|---|-----------|---|-------|
| Part 1, Application | | | |
| Name of Organization: | | | MVID: |
| Contact Name: | | Phone Number: | |
| Mailing Address: | | | |
| City: | Province: | Postal Code: | |
| Contact Email: | | | |
| Part 2, Vehicle Information | | | |
| Rig Number: | | Plate Number: <i>(include jurisdiction)</i> | |
| Make: | | Model: | |
| Serial Number: | | Registered GVW: | |
| <u>Tire Size</u> | Steer: | Drives: | |
| Part 3, Configuration & Dimensions <small>Please use checkboxes to indicate number of axles on vehicle</small> | | | |



| <u>Dimensions:</u> | <u>Inter-axle Spacings:</u> |
|--|------------------------------------|
| A - Overall length (including derrick) | G - |
| B - Overall Height | H - |
| Overall Width | J - |
| C - Length of Carrier | K - |
| D - Derrick Overhang | L - |
| E - Effective Front Overhang | |
| F - Effective Rear Overhang | |

| |
|--|
| Part 4, Seasonal Weight Request |
|--|

| | | |
|-----------------|--------|---------|
| Period 1 | Steer: | Drives: |
| Period 2 | Steer: | Drives: |
| Period 3 | Steer: | Drives: |
| Period 4 | Steer: | Drives: |

| |
|--|
| Part 5, Certification & Payment |
|--|

I certify that the 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: