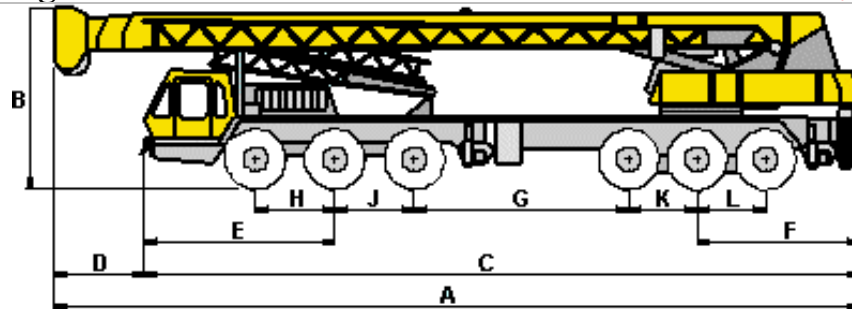


Multi-trip Overweight Permit Request for Service Rigs

Part 1, Application	
Name of Organization:	MVID:
Contact Name:	Phone Number:
Contact Email:	
Part 2, Vehicle Information	
Rig Number:	Plate Number: <i>(include jurisdiction)</i>
Make:	Model:
Serial Number:	Registered GVW:
Part 3, Configuration & Dimensions <i>Please use check boxes to indicate number of axles on vehicle</i>	



<u>Dimensions (metres):</u>	<u>Inter-axle Spacings (metres):</u>
A - Overall length (including derrick)	G -
B - Overall Height	H -
• Overall Width	J -
C - Length of Carrier	K -
D+E - Effective Derrick Overhang	L -
F - Effective Rear Overhang (measured from turn centre)	
• Track Width	

Part 4, Seasonal Weight Request (kg)					
Axle Group	Tire Size	Period 1	Period 2	Period 3	Period 4
Steer					
Drives					

Internal office use only:	Verified and complies with service rig specifications? <input type="checkbox"/>
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Part 5, Certification & Payment
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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

If paying by credit card, please provide email address and a payment link will be sent.

Email: