

SINGLE TRIP Oversize/Overweight Trip Permit Application

1. Declaration I/we understand that under the provision of subsection 110(5) of the Highway Traffic Act, the owner, operator or mover of a heavy vehicle, load, object or structure in respect of which a permit is granted under this section who has obtained a permit is nevertheless responsible for all damages that may be caused to the highway, by reason of the driving, operating or moving of any such heavy vehicle load, object or structure.

The applicant certified that the information contained in this application is true and acknowledges and accepts the responsibilities imposed by law on the applicant in relation to the operation of a commercial motor vehicle under the authority of the permit(s) issued pursuant to this application.

Signature of Authorized Applicant/Agent	Position/Title	Date
---	----------------	------

2. Applicant Information

COMPANY/APPLICANT (per Articles of Incorporation/Last Name, First Name)	CVOR No. or N.S.C. No																				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																				

HEAD OFFICE ADDRESS - Street No. & Name or Lot, Con., Twp	City, Town, Village	Province/State	Postal Code/Zip Code
---	---------------------	----------------	----------------------

Company Tel. No.	Company Fax No.	Company Contact Name	Company E-mail Address
------------------	-----------------	----------------------	------------------------

3. Proposed Movement Information

Start Date	End Date	Weekend Travel Requested?																																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">YEAR</td> <td style="text-align: center;">M</td> <td style="text-align: center;">D</td> <td style="text-align: center;">YEAR</td> <td style="text-align: center;">M</td> <td style="text-align: center;">D</td> <td style="text-align: center;">YEAR</td> <td style="text-align: center;">M</td> </tr> </table>									YEAR	M	D	YEAR	M	D	YEAR	M	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">YEAR</td> <td style="text-align: center;">M</td> <td style="text-align: center;">D</td> <td style="text-align: center;">YEAR</td> <td style="text-align: center;">M</td> <td style="text-align: center;">D</td> <td style="text-align: center;">YEAR</td> <td style="text-align: center;">M</td> </tr> </table>									YEAR	M	D	YEAR	M	D	YEAR	M	(subject to availability) <input type="checkbox"/> Yes <input type="checkbox"/> No
YEAR	M	D	YEAR	M	D	YEAR	M																											
YEAR	M	D	YEAR	M	D	YEAR	M																											

4. Intended Route Details

Origin _____ Destination _____

Proposed Route Description (indicate below entire proposed route, including all provincial highways*, County and lower tier municipal roads* (include jurisdiction). *separate permit required

5. Load Description Details

LOAD DESCRIPTION (describe what is being moved)
 This is a request to carry tow operate (self propelled) a: _____

Load Length (m)	Load Width (m)	Load Height (m)	Rear overhang* (if exceeds 4.65m)
-----------------	----------------	-----------------	-----------------------------------

* Rear overhang is measured from the centre of the rearmost axle

6. Insurance Info

PROVIDER _____

Minimum Coverage (\$2,000,000) met? yes no County named as an additional insured? (required) yes no

Proof of insurance attached to application? (required) yes no

7. Payment and Delivery Options

Method of Payment: Cash Cheque Method of Permit Delivery: Picked up E-mailed Faxed

Comments - County use only

