



OVERSIZED AND/OR OVERWEIGHT

PERMITS CANADA ☎ : 800-361-5757 FAX: 418-652-0505

EMAIL: permitscanada@primus.ca

Company:		DOT :	NEQ :
Address:		FID :	TX :
		NSC/ CVOR:	VA :
☎:	Fax:	KYU :	LA :
PROMO CODE:	CREDIT CARD TYPE AND NUMBER:	EXPIRY : (yyyy-mm)	CVV CODE :
EMAIL PERMITS TO:			

TRUCK **JOB #:** _____

UNIT# :	YEAR:	MAKE :	PLATE# :	ST/PROV :
SERIAL# :	# AXLES :		KING PIN SETTING:	

TRAILER

UNIT# :	YEAR:	MAKE/TYPE:	PLATE#	ST/PROV:
SERIAL #	# AXLES		LENGTH/STRETCHED TO :	
LOAD DESCRIPTION:	MAKE:	SERIAL:	MODEL:	

	LENGTH	WIDTH	HEIGHT	WEIGHT	F O/H	R O/H
LOAD						
TOTAL						

Origin address: _____

Destination address: _____

Date for permit (yyyy-mm-dd)	ST/PROV	ROUTES (ONE LINE for each change of state/prov.)				WK-END TRVL	PROVISIONS
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
Spacings:	1-2	2-3	3-4	4-5	5-6	6-7	

FILL OUT THE SECTION BELOW FOR ALL OVERWEIGHT PERMITS

Weights/axles	1	2	3	4	5	6	7
Axle ratings	1	2	3	4	5	6	7
Tire ratings	1	2	3	4	5	6	7
Tire sizes	Truck :		Trailer		J.D.	Booster	