



***This service is only available Mon-Fri 8am-8pm and
Weekends/STATs from 7:30am-3:30pm***

Ph #:1.866.783.6989 toll free
Email:permits@hailson.com Fax #:1.866.303.1972

**PERMIT
REQUEST**

Page 1 of 2

DATE: _____ START DATE: _____ # DAYS: _____
TIME: _____ PREVIOUS PERMIT #: _____ (MAX 7 DAYS)

How would you like to receive your permit? Please choose one.

FAX _____ E-MAIL _____ MAIL _____

CLIENT INFORMATION

MVID #: _____ COMPANY NAME: _____
REQUESTED BY: _____ E-MAIL: _____
PHONE: _____ FAX: _____

TYPE OF PERMIT REQUESTED

SINGLE TRIP DIMENSION MONTHLY LICENSING SINGLE TRIP LICENSING OTHER
 SINGLE TRIP OVERWEIGHT RIG MOVE ANNUAL DIMENSION

COMMODITY INFORMATION

COMMODITY: _____ OWNER: _____
SERIAL/UNIT #: _____ ATTACHMENTS: _____
CLIENT REF: _____ PURCHASE ORDER #: _____

VEHICLE INFORMATION

LICENSE PLATE #: _____ JURISDICTION: _____ CAB CARD #: _____
REGISTERED OWNER: _____ PRORATE WEIGHT: _____

LOADED INFORMATION

CONFIGURATION AND AXLE WEIGHT

	Steers (1)	Drives(2)	Group 3	Group 4	Group 5	Group 6
# of Axles						
# of Wheels						
Tire Size						
Axle Weight(kgs)						

GVW(kgs) _____ Payload(kgs) _____

If dolly configurations are used , do they steer?

YES _____ NO _____

If yes, are they self steering?

YES _____ NO _____

INTERAXLE SPACING

Group 1-2	Group 2-3	Group 3-4	Group 4-5	Group 5-6	Group 6-7

DIMENSIONS

_____ m _____ m _____ m Utility Approval #: _____
WIDTH HEIGHT LENGTH (if height is over 6m)

EFFECTIVE OVERHANG

FRONT: _____ m REAR: _____ m
(measured from kingpin) (measured from turn centre)



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PERMIT REQUEST

TRAILER INFORMATION

TRACK WIDTH: _____ m TRAILER LENGTH: _____ m
WHEELBASE: _____ m

ROUTE INFORMATION

ORIGIN:	DESTINATION:
ROUTE:	

(Include all local/city/county roads along with all provincial highways)

LOCAL AUTHORITIES:	
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List all counties, M.D.'s, cities, etc. whose roadways will be used

PAYMENT INFORMATION(CHOOSE 1)

VISA		EXPIRY		NAME ON CARD	
M/C		EXPIRY		NAME ON CARD	
ACCOUNT	_____				

COMMENTS