

SPECIAL PERMITS OFFICE
TRANSPORTATION AND INFRASTRUCTURE
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APPLICATION TO INCREASE THE GROSS VEHICLE WEIGHT (GVW) OF A HIGHWAY

**THE MAXIMUM ALLOWABLE GVW IN NB IS 62500 KG.
NOT VALID DURING SPRING WEIGHT RESTRICTIONS.
INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED**

INTERNAL USE ONLY PROJECT # _____ Date Received : _____ Design Sent : _____ Returned: _____ District Sent : _____ Returned: _____ Approved: _____ Declined: _____
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APPLICANT: _____

ADDRESS: _____

City: _____ Prov.: _____ Postal code: _____

Phone no: (____) _____ Fax: (____) _____

OWNER-OPERATOR: YES NO (IF NO PLEASE INDICATE THE COMPANY YOU HAUL FOR)

COMPANY: _____

COMPANY CONTACT: _____

NEW REQUEST: RENEWAL PREVIOUS PERMIT# OR PROJECT # _____

PROVIDE REQUESTED HAUL DATES (MUST BE WITHIN ONE 12 MONTH PERIOD)

HAUL START DATE: _____

HAUL END DATE: _____

WILL THE REQUESTED HAUL DATES RE-OCCUR ANNUALLY? YES NO

PROVIDE ROUTING DETAILS AS FOLLOWS: (BE SPECIFIC - CIVIC ADDRESS, PID#)

ORIGIN _____

DESTINATION(S) _____

PROVIDE A WRITTEN DESCRIPTION OF 1 OR 2 (IF APPLICABLE) POTENTIAL ROUTINGS BETWEEN THE ORIGIN AND DESTINATION. ATTACH A MAP OF BOTH PROPOSED ROUTES WITH APPLICATION.

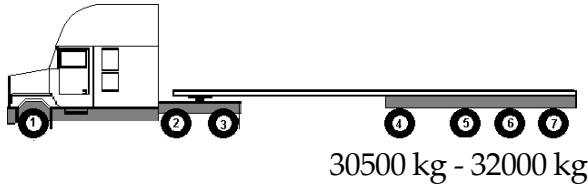
PREFERRED ROUTING "A": _____

SECOND ROUTING "B" (IF APPLICABLE): _____

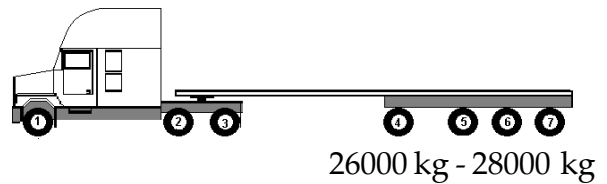


SELECT THE VEHICLE CONFIGURATION(S):

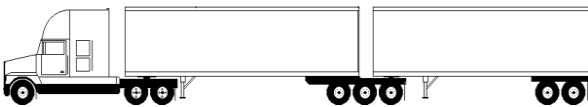
Vehicle #1 GVW 54,000 KG – 55,000 KG
(ALL AXLES ON THE TRAILER MUST BE
EQUIPPED WITH PNEUMATIC SUSPENSION)



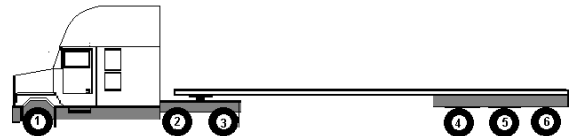
Vehicle #2 GVW 49,500- 51,500 KG
ALL AXLES ON THE TRAILER MUST BE
EQUIPPED WITH PNEUMATIC SUSPENSION)



Vehicle # 3 GVW = 62500 kg
(B-TRAIN)



Vehicle # 4 GVW = 49500 kg
(TRIDEM-TRAILER)



Other vehicle configuration
(ATTACH DRAWING COMPLETE WITH ALL DIMENSIONS)

PROVIDE COMMODITY DETAILS: _____

TOTAL TONNAGE TO BE MOVED DURING REQUESTED PERIOD: _____

NUMBER OF TRUCKS REQUIRED AT EXISTING GVW: _____

NUMBER OF TRUCKS REQUIRED AT INCREASED GVW: _____

ATTACH ANY ADDITIONAL INFORMATION TO BE CONSIDERED IN SUPPORT OF THIS APPLICATION (IE: ECONOMIC BENEFITS, IMPACT TO OPERATIONS, ETC.)

WOULD YOU CONSIDER CONTRIBUTING MATERIALS, EQUIPMENT OR FUNDING TOWARD THIS UP-RATING REQUEST? YES NO

Name (Print): _____

Signature: _____ **Date:** _____