

# Québec Special Travel Permit Application

Applicant's last name and first name (or business name) _____ NSC or CVOR _____			If renewal: Previous special permit no. _____	
Address _____			Expertise no. _____	
Municipality _____ Postal code _____			FOR AUTHORIZATION TO USE A WEIGHT-RESTRICTED BRIDGE	
Telephone _____ Fax _____ File no. _____			Current permit no. _____	
Name of broker, if applicable _____			Owner of load <input type="checkbox"/> yes <input type="checkbox"/> no	
Name of individual or business invoiced, if applicable _____			<input type="checkbox"/> New permit <input type="checkbox"/> Replacement (lost, stolen or damaged)	
Identification no. of broker _____			<input type="checkbox"/> Correction	
Identification no. of individual or business invoiced _____				
<b>Communication</b>				
Application: <input type="checkbox"/> mail <input type="checkbox"/> fax <input type="checkbox"/> in person			Issue of permit: <input type="checkbox"/> mail <input type="checkbox"/> fax <input type="checkbox"/> in person	

TYPE OF APPLICATION	
<input type="checkbox"/> <b>General permit</b> Period: <input type="checkbox"/> Monthly <input type="checkbox"/> Annual No. of months: Year _____ Month _____ Day _____ Start: Year _____ Month _____ Day _____	<input type="checkbox"/> <b>Specific permit (single-trip)</b> Start: Year _____ Month _____ Day _____
<input type="checkbox"/> Check if seeking authorization to travel in a period of thaw	

PERMIT SOUGHT										
Class(es) of permit sought (see description and restrictions overleaf)	Class 1 <input type="checkbox"/>	Class 2 <input type="checkbox"/>	Class 3 <input type="checkbox"/>	Class 4 <input type="checkbox"/>	Class 5 <input type="checkbox"/>	Class 6 <input type="checkbox"/>	Class 6 <input type="checkbox"/>	Class 6 <input type="checkbox"/>	Class 7 <input type="checkbox"/>	For authorization to use a weight-restricted bridge

For a Class 4, 5 or 6 permit, complete the section below.  
For a Class 7 permit, state only the vehicle type(s).

<b>Types of vehicles:</b> Straight-body truck: <b>CA</b>	Tool vehicle: <b>VO</b>	Detachable axle: <b>EA</b>	Multi-axle: <b>ML</b> - no. of axles _____
Tractor: <b>TR</b>	Semi-trailer: <b>SR</b>	Dolly: <b>DT</b>	
Crane: <b>GR</b>	Trailer: <b>RE</b>	Other: <b>NV</b> , specify: _____	

<b>Types of suspension:</b> Mechanical: <b>MC</b>	Pneumatic: <b>PN</b>	Hydraulic: <b>HY</b>	Other: <b>AU</b> specify: _____
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<b>Types of axles:</b> Single axle: <b>ES</b>	Tandem axle: <b>ET</b>	Triple axle: <b>EP</b>	Quadruple axle: <b>EQ</b>
Set of 2 axles: <b>E2</b>	Set of 3 axles: <b>E3</b>	Set of 4 axles: <b>E4</b>	

<b>Number of axles:</b>	<b>Configuration</b>
Enter the vehicle type(s) →	<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"/>
Enter the suspension type(s) →	<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"/>
Enter the axle type(s) →	<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"/>
No. of wheels per axle →	<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"/>
Minimum distance between axles, centre to centre (in cm)	_____
Minimum tire width (in mm)	_____
Minimum tire load capacity per axle (in kg)	_____
Gross axle weight rating (GAWR) for steering (in kg)	_____
Stated axle weight in kg (Class 6 only)	_____
For <b>GR, VO, ML, or SR, RE</b> with more than four axles: Make _____ Model _____	Plate no. for a Class 4, 5, 6 or 7 permit and a Class 1 single-trip permit _____
	Stated total loaded weight (Class 6 only) _____ kg

<input type="checkbox"/> Driver is aware of weight limits for bridges and overpasses as published by Transport Québec in its listing	<input type="checkbox"/> The load or equipment cannot be distributed or divided so as to comply with the standards set forth in the <i>Vehicle Load and Size Limits Regulation</i> (O.C. 1299-91)	<input type="checkbox"/> Declaration that for tandem, triple and quadruple axles the weight borne by each axle as measured under the wheels has been balanced to the nearest 1000 kg
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For a Class 1, 2, 3 or 7 single-trip permit, or a general Class 7 permit with excess in front, give dimensions including load and equipment:

Excess in front _____ m	Excess in rear _____ m	Length _____ m	Width _____ m	Height _____ m
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For a Class 6 or 7 permit, or a Class 1 single-trip permit, state kind of load:

For a general Class 7 permit, load dimensions that render the vehicle oversized:	Length: _____ m	Width: _____ m	Height: _____ m	Excess dimensions, including load and equipment:	Length: from _____ m to _____ m	Excess rear: from _____ m to _____ m	Width: from _____ m to _____ m	Height: from _____ m to _____ m
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For a Class 6 permit

**To destination:**  empty  loaded      **Return:**  empty  loaded

Address of point of origin: \_\_\_\_\_

Address of destination: \_\_\_\_\_

For a single-trip permit or a Class 6 or 7 permit

**Projected route** (state full address): Highway(s): \_\_\_\_\_

Name of applicant (print) _____	Signature _____	Date Year _____ Month _____ Day _____
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