

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 Current permit no. _____	
Telephone _____	Fax _____	File no. _____	Owner of load <input type="checkbox"/> yes <input type="checkbox"/> no
Name of broker, if applicable _____		Identification no. of broker _____	
Name of individual or business invoiced, if applicable _____		Identification no. of individual or business invoiced _____	
Communication			
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"/> General permit Period: <input type="checkbox"/> Monthly <input type="checkbox"/> Annual No. of months: _____ Year _____ Month _____ Day _____ Start: _____	<input type="checkbox"/> Specific permit (single-trip) 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	Class 2	Class 3	Class 4	Class 5	Class 6	Class 6	Class 6	Class 7
	<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"/>
For a Class 4, 5 or 6 permit, complete the section below. For a Class 7 permit, state only the vehicle type(s).									For authorization to use a weight-restricted bridge <input type="checkbox"/>
Types of vehicles: Straight-body truck: CA Tool vehicle: VO Detachable axle: EA Multi-axle: ML - no. of axles _____ Tractor: TR Semi-trailer: SR Dolly: DT Crane: GR Trailer: RE Other: NV , specify: _____									
Types of suspension: Mechanical: MC Pneumatic: PN Hydraulic: HY Other: AU specify: _____									
Types of axles: Single axle: ES Tandem axle: ET Triple axle: EP Quadruple axle: EQ Set of 2 axles: E2 Set of 3 axles: E3 Set of 4 axles: E4									
Configuration									
Number of axles:									
Enter the vehicle type(s)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Enter the suspension type(s)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Enter the axle type(s)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
No. of wheels per axle	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Minimum distance between axles, centre to centre (in cm)	<input type="text"/>								
Minimum tire width (in mm)	<input type="text"/>								
Minimum tire load capacity per axle (in kg)	<input type="text"/>								
Gross axle weight rating (GAWR) for steering (in kg)	<input type="text"/>								
Stated axle weight in kg (Class 6 only)	<input type="text"/>								
For GR, VO, ML, or SR, RE 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				

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	Excess in rear	Length	Width	Height	
_____ m	_____ m	_____ m	_____ m	_____ m	_____ m
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:		Excess dimensions, including load and equipment:			
Length: _____ m	Width: _____ m	Height: _____ m	Length: from _____ m to _____ m	Excess rear: from _____ m to _____ m	Width: from _____ m to _____ m
For a Class 6 permit			Return: <input type="checkbox"/> empty <input type="checkbox"/> loaded		
To destination: <input type="checkbox"/> empty <input type="checkbox"/> loaded			Address of point of origin: _____		
Address of destination: _____			Highway(s): _____		
For a single-trip permit or a Class 6 or 7 permit			Projected route (state full address): _____		

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