

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 _____			Issue of permit: <input type="checkbox"/> mail <input type="checkbox"/> fax <input type="checkbox"/> in person	
Communication Application: <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 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
For a Class 4, 5 or 6 permit, complete the section below.											For authorization to use a weight-restricted bridge <input type="checkbox"/>
For a Class 7 permit, state only the vehicle type(s).											
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"/>	<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"/>	<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"/>	<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"/>	<input type="text"/>
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 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 _____ m	Excess in rear _____ m	Length _____ m	Width _____ m	Height _____ 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:	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
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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