



Provincial
Ph: 888-444-9288
Fax: 403-356-0348

Municipal
Ph: 888-830-7623
Fax: 403-341-7467

Permit Request

Last Modified August 7th, 2008

ROADATA SERVICES LTD – PERMIT REQUEST FORM

Processing times will vary due to call volumes. For urgent requests please call either of the numbers listed above.

DATE: _____ REQUESTED START DATE: _____ # OF DAYS: _____
TIME: _____ PREVIOUS PERMIT # _____

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

☐ Fax

☐ E-mail

CLIENT INFORMATION

MVID (if required): _____ COMPANY: _____
REQUESTED BY: _____ E-MAIL: _____
PHONE: _____ FAX: _____
PURCHASE ORDER # (if required) _____ JOB # (if required) _____

TYPE OF PERMIT REQUESTED

- | | | |
|------------------------------------------------|-------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> SINGLE TRIP DIMENSION | <input type="checkbox"/> MONTHLY LICENSING | <input type="checkbox"/> RIGMOVE |
| <input type="checkbox"/> ANNUAL DIMENSION | <input type="checkbox"/> SINGLE TRIP OVERWEIGHT | <input type="checkbox"/> MODIFY |
| <input type="checkbox"/> SINGLE TRIP LICENSING | <input type="checkbox"/> WELL SERVICING | <input type="checkbox"/> OTHER (specify) |

COMMODITY INFORMATION (If required)

OBJECT TO BE MOVED: _____ OWNER: _____
ATTACHMENTS: _____ RETURN TRIP: _____

VEHICLE INFORMATION (If required)

LICENSE PLATE #: _____ JURISDICTION: _____
REGISTERED OWNER: _____ CAB CARD # _____
(OOP carriers only)

LOADED INFORMATION: (If required)

CONFIGURATION AND AXLE WEIGHT FOR OVERWEIGHT LOAD

	Steers	Drives	Trailer # 1	Trailer # 2	Trailer # 3	Trailer # 4
Number of Wheels						
Tire Size						
Axle Weight						

For Well Servicing Project Permits Only:

How many legal loads moving? _____
How many Tridrive units are moving? _____



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OVERALL WEIGHT (If required)

TARE WEIGHT: _____ Kgs
PAYLOAD WEIGHT: _____ Kgs
GROSS WEIGHT: _____ Kgs

DIMENSIONS (If required)

WIDTH: _____ M
HEIGHT: _____ M Utility Approval Number (if height over 6.0 meters) _____
LENGTH: _____ M

EFFECTIVE OVERHANG (If required)

FRONT: _____ REAR: _____
Measured from kingpin or bunk pivot Measured from centre of rear axle group

ROUTE INFORMATION: (If required)

FROM: _____ TO: _____
OWNER: _____ OWNER: _____

ROUTE: _____

LOCAL AUTHORITIES (list all counties, M.D.'s, cities whose roadways will be used): _____

CONSULTANT NAME: _____ CONSULTANT #: _____

PAYMENT INFORMATION: (CHOOSE 1)

- ☐ ACCOUNT
☐ CREDIT CARD (Visa or Master Card accepted)

NAME ON CARD _____
CARD NUMBER # _____
EXPIRY DATE _____

COMMENTS: