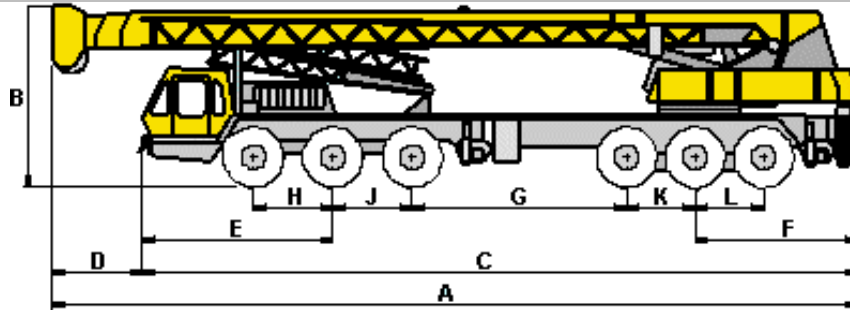


## Multi-trip Overweight Permit Request for Service Rigs

<b>Part 1, Application</b>	
Name of Organization:	MVID:
Contact Name:	Phone Number:
Contact Email:	
<b>Part 2, Vehicle Information</b>	
Rig Number:	Plate Number: <i>(include jurisdiction)</i>
Make:	Model:
Serial Number:	Registered GVW:
<b>Part 3, Configuration &amp; Dimensions</b> <small>Please use checkboxes to indicate number of axles on vehicle</small>	



<u>Dimensions (metres):</u>	<u>Inter-axle Spacings (metres):</u>
A - Overall length (including derrick)	G -
B - Overall Height	H -
• Overall Width	J -
C - Length of Carrier	K -
D + E - Effective Derrick Overhang	L -
F - Effective Rear Overhang (measured from turn centre)	
• Track Width	

• Tri-axle driving group (tag axle that does not drive)	<b>Yes</b>	<b>No</b>
---	------------	-----------

<b>Part 4, Seasonal Weight Request (kg)</b>					
Axle Group	Tire Size	Period 1	Period 2	Period 3	Period 4
Steer					
Drives					

<b>Internal office use only:</b>	Verified and complies with service rig specifications? <input type="checkbox"/>
----------------------------------	---

<b>Part 5, Certification &amp; Payment</b>
--

I certify that information provided in this application is true and correct.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Payment Method:**

On Account

Credit Card\*

\*If credit card, please provide the email address you'd like the payment link sent to.

Email: \_\_\_\_\_