

OVERSIZE PERMIT APPLICATION FORM

GENERAL INFORMATION

Company name _____

Address: _____

City: _____

Province: _____

Postal Code _____

Telephone: _____

Fax: _____

Company contact: _____

email: _____

INSURANCE INFORMATION

Company name: _____

Police number: _____

Expiry date: _____

YOUR PERMITS

FEIN: _____ ICC: _____

US DOT: _____ NY: _____

PERMIT TYPE

Check the corresponding box

IRP: HUT:

FUEL OVERSIZE: specify in the next section.

TRIP DATE: _____

STATES OR PROVINCES REQUIRED: _____

OVERSIZE PERMIT TYPE

check the corresponding box

Height:

Length:

Width:

Weight:

TRUCK INFORMATION

Unit: _____

Plate #: _____

Make: _____

Year: _____

Model: _____

Serial number: _____

important: you must send us a copy of your cab card to confirm your registration weight in each states or provinces.

TRAILOR INFORMATION

Unit: _____

Plate #: _____

Make: _____

Year: _____

Model: _____

Serial number: _____

THE LOAD

Load description: _____

Load height: _____ m / pi

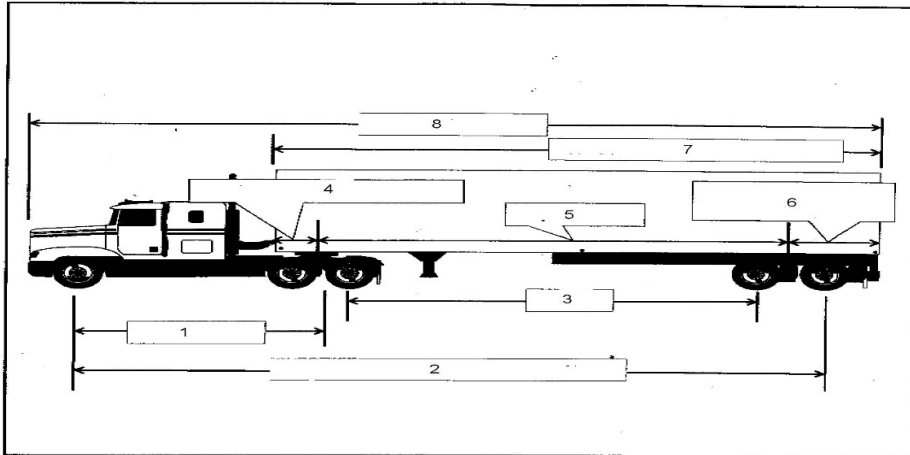
Load width: _____ m / pi

load length: _____ m / pi

Load weight: _____ kg / lbs

Load owner: _____

THE DIMENSIONS



- 1 (truck wheelbase): _____ m / pi
- 2 (base length): _____ m / pi
- 3 (interaxel spacing): _____ m / pi
- 4 (kingpin setback): _____ m / pi
- 5 (trailer Wheelbase): _____ m / pi
- 6 (rear over-hang): _____ m / pi
- 7 (trailer length): _____ m / pi
- 8 (over length): _____ m / pi
- front over-hang: _____ m / pi
- overall height: _____ m / pi

AXEL SPACING

- | | |
|-----------------------|-----------------------|
| 1 and 2: _____ m / pi | 5 and 6: _____ m / pi |
| 2 and 3: _____ m / pi | 6 and 7: _____ m / pi |
| 3 and 4: _____ m / pi | 7 and 8: _____ m / pi |
| 4 and 5: _____ m / pi | 8 and 9: _____ m / pi |

AXEL CAPACITY (theoretical)

axel 1: _____ kg / lbs axel 5: _____ kg / lbs
axel 2: _____ kg / lbs axel 6: _____ kg / lbs
axel 3: _____ kg / lbs axel 7: _____ kg / lbs
axel 4 : _____ kg / lbs axel 8: _____ kg / lbs
axel 9: _____ kg / lbs

CHARGE BY AXEL GROUP (real)

truck front axel: _____ kg / lbs
rear truck axel group: _____ kg / lbs
1rst trailer axel group: _____ kg / lbs
2nd trailer axel group: _____ kg / lbs

TIRE SIZE

AXEL	QUANTITY	DIMENSION	CAPACITY
1	_____	_____	_____ kg / lbs
2	_____	_____	_____ kg / lbs
3	_____	_____	_____ kg / lbs
4	_____	_____	_____ kg / lbs
5	_____	_____	_____ kg / lbs
6	_____	_____	_____ kg / lbs
7	_____	_____	_____ kg / lbs
8	_____	_____	_____ kg / lbs
9	_____	_____	_____ kg / lbs

ITINERARY

starting address: _____
ending address: _____
routes: _____
please, put all the states or _____
provinces changes. _____

**PLEASE return the completed for to
sebastien@compactservice.com or francineb@compactservice.com**