



OVERLOAD & ROAD USE PERMIT

MOVE DATE: _____
(date and approximate start time)

HAULER: _____

REP: _____ Telephone: _____ Facsimile: _____
(Trucking Company doing the hauling and name of representative whom called in the move)

COMMODITY: _____

TOTAL PERMIT PROVINCIAL
LOADS: _____ LOADS: _____ PERMIT #: _____

ORIGIN: _____

DESTINATION: _____

ROUTE: _____

RESTRICTIONS ON ROADS: BAN: ___ NO ___ YES, if YES % allowed ___ %

OR BRIDGES: BAN: ___ NO ___ YES, if YES wts. allowed _____

Axle Type/Wt. (kg) _____

Gross Wt. (kg) _____

___ Yes ADVISED _____ OF THE BAN CONDITIONS (when & where bans are in effect)
(Hauling Company's Rep.)

COMPANY REQUESTING MOVE: _____
(Shall be responsible for cost of road repairs, regravels and any extra maintenance associated with this move. On a Banned Road, map must be attached)

CONTACT NAME: _____ Telephone #: _____ Facsimile #: _____

SPECIAL CONDITIONS: _____

COUNTY AUTHORIZATION: _____

APPROVED BY: _____ WOODLANDS COUNTY REPRESENTATIVE: _____
Telephone: (780) 584-3866
Facsimile: (780) 584-3988