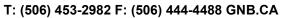
SPECIAL PERMITS OFFICE PO Box 6000 FREDERICTON NB CANADA E3B 5H1



special.permits@gnb.ca



APPLICATION FOR A CLOSED ROAD PERMIT

(Complete only sections that pertain to you)

	Local Delivery Annual Permit					
	Name and address of Company					
	Credential information					
	Letter from company explaining need for closed road permit					
	Route number(s)					
	Local Delivery Single Trip Permit					
	Name and address of Company			Load		
	Credential information					
	☐ Copy of bill of lading, or					
	☐ Letter from company explaining need for closed road permit					
	Route number(s)					
	Year	Truck specifics Make Serial number (last 6 digits) Plate no.			Plate no.	
	Tear	IVIANE	Serial Hulliber (iasi o digits)	Plate IIO.	
ļ						
	Residentia	esidential Annual Permit				
	Name and address of Applicant (must match driver's license)					
	Credential information Photocopy of driver's license					
	Route number					
Applicant telephone number Fax						
E-mail address						
Signa	ature of App	licant				
Signature of Applicant November 202						