



APPLICATION FOR A SPECIAL NON-CONFORMING PERMIT TO TRANSPORT TRUCK-TRACTOR UNITS IN "SADDLEMOUNT" CONFIGURATION (PIGGYBACK) UP TO A MAXIMUM OF FOUR UNITS (INCLUDING HAULING UNIT)
NC-PB

SEND TO:

Special Permit Office
Transportation Policy Branch
New Brunswick Department of Transportation
P.O. Box 6000
Fredericton, NB E3B 5H1

FAX: (506) 444-4488
email: special.permits@gnb.ca

Permit fee: \$50/year

Registered owner : _____

Address: _____

City: _____ Prov.: _____ Postal code: _____

Phone no: (_____) _____ Fax: (_____) _____

TRUCK-TRACTOR: YEAR: _____ Make: _____ Plate no.: _____

Full serial number: _____ Province of registration: _____

Gross vehicle weight rating as indicated on the semi-trailer compliance label required by Transport Canada: _____ kg.

NOTE: AXLE MASSES MUST BE IN ACCORDANCE WITH NEW BRUNSWICK REGULATION 2001-67, VEHICLE DIMENSIONS AND MASS REGULATION – MOTOR VEHICLE ACT, MAXIMUM OVERALL LENGTH 23.0 M.



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

Name (Print): _____

Signature: _____ Date: _____

Payment details:

Cash (do not send cash by mail) Cheque or Money order

Credit Card Customer (do not send credit card number by fax)

TO PAY BY CREDIT CARD PLEASE PROVIDE YOUR TELEPHONE NUMBER AND WE WILL CONTACT YOU: TELEPHONE # (_____) _____.

Send permit to: Company (provide fax number if different from above)

Scale District SNB Office Location: _____