



APPLICATION FOR A SPECIAL PERMIT TO OPERATE AXLE(S) WITH SINGLE TIRES
HAVING A MINIMUM WIDTH OF 445 mm
NC-WT

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: (_____) _____

The permit will cover all vehicles registered to or leased by the permit holder whose name appears on the permit. The name of the permit holder must appear on the vehicle registration documents.

The permit will be valid for all axle groups set out in New Brunswick Regulation 2001-67, Vehicle Dimensions and Mass Regulation – Motor Vehicle Act, except steering axles, and is subject to any grandfathering clauses set out in this Regulation.

Minimum tire width = 445 mm

Maximum mass for single axles = 7,700 kg

Maximum mass for two-axle groups = 15,400 kg

Maximum mass for three axle groups:

Axle spread 2.4 m to less than 3.0 m = 21,000 kg

Axle spread 3.0 m to less than 3.6 m = 23,000 kg

Axle spread 3.6 m or greater = 23,100 kg

To be eligible for 7,700 kg per axle, all axles within an axle group must be equipped with single tires having a minimum width of 445 mm.

The permit will be valid for the maximum mass of 7,700 kg per axle, only on highways included in parts III (56,500 kg) and IV (62,500 kg) of Schedule B of NB Regulation 2001-67, as amended from time to time. On all other routes, axles equipped with these tires will be allowed a maximum mass of 6,160 kg. All other requirements of Regulation 2001-67 must be met.

Track width for axles equipped with these tires must be a minimum of 2.3 m for vehicles of model year 2009 and older, and 2.5 m to 2.6 m for vehicles of model year 2010 and newer.

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: