



**APPLICATION TO INCREASE THE GROSS VEHICLE WEIGHT (GVW) OF A HIGHWAY
THE MAXIMUM ALLOWABLE GVW IN NB IS 62500 KG. NOT VALID DURING SPRING
WEIGHT RESTRICTIONS. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED**

SEND TO:
Special Permit Office
NBDOT Policy Branch
PO BOX 6000
Fredericton NB E3B 5H1

Fax: (506) 444-4488
E-mail: special permits@gnb.ca

INTERNAL USE ONLY

PROJECT # _____
Date Received : _____
Design Sent : _____ Returned: _____
District Sent : _____ Returned: _____
Approved:
Declined:

APPLICANT: _____

ADDRESS: _____

City: _____ **Prov.:** _____ **Postal code:** _____

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

OWNER-OPERATOR: YES NO (IF NO PLEASE INDICATE THE COMPANY YOU HAUL FOR)

COMPANY: _____

COMPANY CONTACT: _____

NEW REQUEST: RENEWAL PREVIOUS PERMIT# OR PROJECT # _____

PROVIDE REQUESTED HAUL DATES (MUST BE WITHIN ONE 12 MONTH PERIOD)

HAUL START DATE: _____

HAUL END DATE: _____

WILL THE REQUESTED HAUL DATES RE-OCCUR ANNUALLY? YES NO

PROVIDE ROUTING DETAILS AS FOLLOWS: (BE SPECIFIC - CIVIC ADDRESS, PID#)

ORIGIN _____

DESTINATION(S) _____

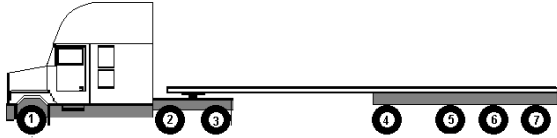
**PROVIDE A WRITTEN DESCRIPTION OF 1 OR 2 (IF APPLICABLE) POTENTIAL ROUTINGS
BETWEEN THE ORIGIN AND DESTINATION. ATTACH A MAP OF BOTH PROPOSED ROUTES
WITH APPLICATION.**

PREFERRED ROUTING "A": _____

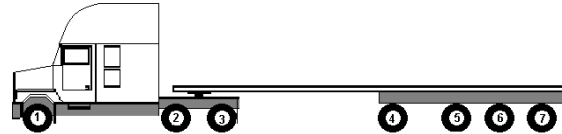
SECOND ROUTING "B" (IF APPLICABLE): _____

SELECT THE VEHICLE CONFIGURATION(S):

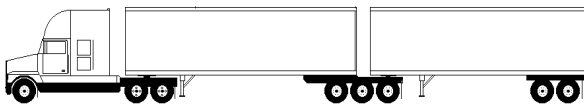
Vehicle #1 GVW 54,000 KG – 55,000 KG
(ALL AXLES ON THE TRAILER MUST BE
EQUIPPED WITH PNEUMATIC SUSPENSION)



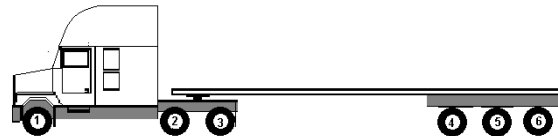
Vehicle #2 GVW 49,500- 51,500 KG
(ALL AXLES ON THE TRAILER ARE NOT
EQUIPPED WITH PNEUMATIC SUSPENSION)



Vehicle # 3 GVW = 62500 kg
(B-TRAIN)



Vehicle # 4 GVW = 49500 kg
(TRIDEM-TRAILER)



Other vehicle configuration
(ATTACH DRAWING COMPLETE WITH ALL DIMENSIONS)

PROVIDE COMMODITY DETAILS: _____

TOTAL TONNAGE TO BE MOVED DURING REQUESTED PERIOD: _____

NUMBER OF TRUCKS REQUIRED AT EXISTING GVW: _____

NUMBER OF TRUCKS REQUIRED AT INCREASED GVW: _____

ATTACH ANY ADDITIONAL INFORMATION TO BE CONSIDERED IN SUPPORT OF THIS APPLICATION (IE: ECONOMIC BENEFITS, IMPACT TO OPERATIONS, ETC.)

WOULD YOU CONSIDER CONTRIBUTING MATERIALS, EQUIPMENT OR FUNDING TOWARD THIS UP-RATING REQUEST? YES NO

Name (Print): _____

Signature: _____ **Date:** _____