

SPECIAL PERMITS OFFICE
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APPLICATION FOR A CLOSED ROAD PERMIT
 (Complete only sections that pertain to you)

<input type="checkbox"/>	Local Delivery Annual Permit
Name and address of Company	
Credential information	
<input type="checkbox"/> Letter from company explaining need for closed road permit	
Route number(s)	

<input type="checkbox"/>	Local Delivery Single Trip Permit		
Name and address of Company		Load	
Credential information			
<input type="checkbox"/> Copy of bill of lading, or			
<input type="checkbox"/> Letter from company explaining need for closed road permit			
Route number(s)			
Truck specifics			
Year	Make	Serial number (last 6 digits)	Plate no.

<input type="checkbox"/>	Residential Annual Permit
Name and address of Applicant (must match driver's license)	
Credential information	
<input type="checkbox"/> Photocopy of driver's license	
Route number	

Applicant telephone number _____ Fax _____

E-mail address _____

Signature of Applicant _____