



RESTRICTED ROUTE APPROVAL

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RURAL MUNICIPALITY AUTHORITY

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MoH DISTRICT OPERATIONS MANAGER

Truck Plate & province/state: _____

SGI application# : _____

Company: _____

Phone Number: _____

Company Contact: _____

Company Email: _____

of Axles: _____

Commodity: _____

Non-Divisible

Divisible

Term Permit

Type of Approval:

8000 KG Roadway

Road Ban Approval

Other Restriction _____

Maximum Allowance for Weight and Dimension:

Gross Weight: _____

Steer Axles: _____

Drive Axles: _____

Jeep Axles: _____

Trailer Axles: _____

Booster Axles: _____

Other Axles: _____

Width: _____

Length: _____

Height: _____

Route:

ORIGIN: _____

DESTINATION: _____

ROUTE: _____

ADDITIONAL INFO: _____

DOM/RM use only:

Effective Date & Time: _____ AM / PM

Expiry Date & Time: _____

Approved By: _____

RM/DOM : _____

For duration of the bans on a specific route:

MULTI TRIP APPROVAL

For duration of the bans on any road in the district:

SINGLE TRIP APPROVAL

Approval Notes and Conditions:

Instructions

Sections 1 to 4 are to be completed by Permit Office/Customer

1. Check off the approval type for the permit and enter information of vehicle, company and provide SGI application if available.
2. Under the **Type of Approval** section, please choose which type of approval is being given
3. Under the **Maximum Allowance for Weight and Dimension** section, please enter the overall weight in the Gross Weight and weights of each axle group that is being approved and the overall dimensions.

Overall weight →			Maximum Allowance for Weight and Dimension:			Weight of each axle group →		
Gross Weight:								
Steer Axles:	Drive Axles:	Jeep Axles:						
Trailer Axles:	Booster Axles:	Other Axles:						
Width:	Length:	Height:						

4. Under the **Approved Route/Notes**, please enter the **origin** and **destination** and the **route** that is being approved. **RM/DOM can also make changes to route if needed.**

ROUTE	
ORIGIN: Enter where route is starting	DESTINATION: Enter where route is ending
ROUTE: Enter which hwys, or township rds or range roads are being approved	
ADDITIONAL INFO:	

Sections 5 & 6 are to be completed by RM/DOM only

5. Enter the **date and time** the approval is to start and **date and time** for the approval to end. Sign the **Approved By** and enter which **DOM/RM** is approving route

Effective Date & Time: PM	Expiry Date & Time: PM
Approved By: Signed by person approving	Area/RM: Which Area/RM is approving route
For duration of the bans on a specific route: ☐	For duration of the bans on any road in the district: ☐
If approval is for a specific route during <u>ban</u> then this check this box	If approval is for any route in the district during <u>ban</u> then this check this box

6. Under Approval Notes and Conditions, please enter any additional notes or conditions you would like to add along with the approval.

Form is be submitted to the Permit Office by RM/DOM