



Oversize/Overweight Load Trip Permit

Carrier Details	
Organization Name: _____	
Contact Name: _____ Phone: _____	
Email Address: _____	
Address: _____	
Start Date (yyyy-mm-dd): _____	End Date (yyyy-mm-dd): _____
Route – (Roads travelled): _____ _____ _____	
Load Details Overview - provide sufficient detail for authorities to identify the load(s) on the road. Include where the load originated & destination so that we might identify an alternate route if needed: _____ _____ _____	
Load Dimension(s) & Weight(s):	
Load Description: _____	
Width (m): _____	Height (m): _____
Length (m): _____	Combo Length (m): _____
Rear Overhang (m): _____	Weight (kg): _____
Is the load considered hazardous waste? If yes, include MOE certificate _____	
Hauling unit(s) license plate(s) & name on door: _____ _____	
Trailer license plates: _____	
Is this trip subject to Ministry of Transportation (MTO) or Ministry of Environment (MOE) permits? If yes, include associated permit numbers: _____ _____	
Insurance certificate to be included in application	
Additional information (see road authority conditions for addition information that may be required): _____ _____	
To be filled out by Seguin Township	
Seguin Township Approval:	
Name: _____	Date: _____
Signature: _____	

Return completed form to publicworks@seguin.ca