



**RESTRICTED ROUTE APPROVAL**

RURAL MUNICIPALITY AUTHORITY

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 Choose

**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    Expiry Date & Time: \_\_\_\_\_ AM

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	<b>Maximum Allowance for Weight and Dimension:</b>		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.**

<b>Approved Route/Notes:</b>	
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: <u>Signed by person approving</u>	Area/RM : <u>Which Area/RM is approving route</u>
For duration of the bans on a specific route: <input type="checkbox"/>	For duration of the bans on any road in the district: <input type="checkbox"/>
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**