



BUSINESS REGISTRATION UNIT
Service Nova Scotia & Municipal Relations

OFFICE USE ONLY

PERMIT NUMBER: _____

Maritime Centre, 9N, 1505 Barrington St
PO Box 1523, ATTN: SMP
Halifax, Nova Scotia
B3J 2Y3

Toll-Free 1-800-898-7668
Local 424-5851
Fax 424-4633

www.gov.ns.ca/snsmr/smp

SPECIAL MOVE PERMIT APPLICATION FORM

- Processing of permits may take from 1 to 7 business days based on complexity and volume of applications received.
- Be sure to allow adequate time for processing and additional information requests when submitting an application.
- Weights and Measurements must be noted in metric (kilograms/meters).
- Complete page 1 of application only, if requesting Annual Dimension Special Move Permit.
- Annual Special Move Permits are issued to the power unit (tractor).
- Annual Over Weight Permits are not available to tractor/semi-trailer combinations.
- For Annual Over Dimension Permits please complete this page only.

APPLICANT INFORMATION – PLEASE PRINT ALL INFORMATION

REGISTERED CARRIER NAME: _____ PHONE: () _____

N.S.MASTER #/NSC #/U.S.DOT #: _____ FAX: () _____

CONTACT NAME: _____ EMAIL: _____

PAYMENT INFORMATION

PAYMENT TYPE: AMERICAN EXPRESS MASTERCARD VISA
 CHEQUE # _____ CASH Receipt # _____

CREDIT CARD #: _____ EXPIRY DATE: _____ / _____

CARDHOLDER NAME: _____

SPECIALTIES

TYPE OF PERMIT REQUIRED: ANNUAL OVER DIMENSION ANNUAL BOOM ONLY ANNUAL OVERWEIGHT
 SINGLE WEIGHT SINGLE DIMENSION BOTH (some restrictions apply)

TRACTOR DESCRIPTION: Year: _____ Make: _____ Plate#: _____ VIN _____

CURRENT ANNUAL DIMENSION IN EFFECT? YES NO Jurisdiction () NS Registered weight (PRP): _____ kg

CURRENT ANNUAL BOOM ONLY PERMIT IN EFFECT? YES NO IF YES SPECIFY MEASUREMENT(S): FRONT _____ m

OFFICE USE ONLY (DD/MM/YYYY)

RECEIVE DATE / TIME: _____ / _____ **APPROVALS:**

CALL BACK DATE / TIME: _____ / _____ FORWARDED BY: _____

CLIENT NOTES: _____ FORWARDED DATE: _____

_____ FORWARDED TIME: _____

_____ FORWARDED TO: _____

OFFICE USE ONLY

PERMIT NUMBER: _____

TRIP INFORMATION / ROUTING *(Must be closest Community or Town to starting and destination point)*

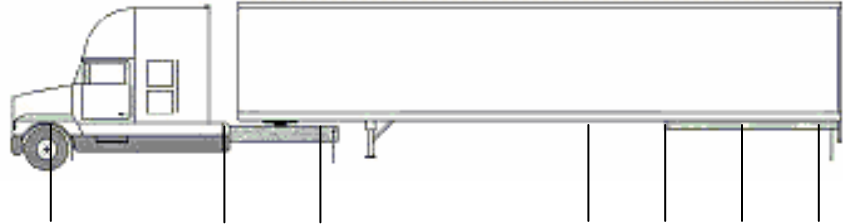
STARTING (NS): _____
 ROUTE: _____

 DESTINATION (NS): _____ [] RETURN TRIP

REQUESTED START DATE:
condition may apply
(dd / mm / yyyy)
 _____ / _____ / _____

VEHICLE INFORMATION

PLEASE ILLUSTRATE THE NUMBER OF AXLES, DISTANCES BETWEEN EACH AND WEIGHTS ON THE DIAGRAM TO THE RIGHT *(See Example Below)*



N.S. (PRP) REGISTERED WEIGHT : _____ kg

SEE DIAGRAM BELOW FOR INSTRUCTION ON SPREADS

NUMBER OF AXLES	OVER-WEIGHT	AXLE SPREADS	(S) & (Dr) combination NOT TO EXCEED 36,000 kg		
(S) # _____	Axle: _____ kg				
(Dr) # _____	Axle: _____ kg	Dr Axle 2-3: _____ m	Dr Axle 3-4: _____ m		
(Jeep) # _____	Axle: _____ kg	J Axle 3-4: _____ m	J Axle 4-5: _____ m		
(Trailer) # _____	T Axle: _____ kg	T Axle 3-4: _____ m	T Axle 4-5: _____ m	T Axle 5-6: _____ m	

TOTAL WEIGHTS: _____ kg

TOTAL-LENGTH: _____ m

COMMODITY TYPE: (Must be specific)

TOTAL-HEIGHT: _____ m

TOTAL-WIDTH: _____ m

OVER-HANG: [] FRONT _____ m [] REAR _____ m OVER-HANG NOT STATED IT WILL BE INTERPRETED AS 0m.

PLATES: TRACTOR () (1) _____

JEEP () (1) _____

Please indicate jurisdiction of registration within the brackets

TRAILER () (1) _____ (2) _____ (3) _____

LEGAL MEASURES: *Example of Axles & Measurements*

If vehicle is not over weight or dimension, indicate the requirement for LEGAL measures for your configuration.

TANDEM DRIVES USE ONLY AXLE 2-3 SPACE IN AXLE SPREADS.
 TRIDEM DRIVES USE BOTH AXLE 2-3 & 3-4 SPACES IN AXLE SPREADS.
 TRAILER USE SPACES AS PER CONFIGURATION.

