Permit Office Fax:(306)775-6909 Email: sgipermitoffice@sgi.sk.ca

MASSIVE MOVE ROUTE APPROVAL

** Approval is required by each RM**

☑ SINGLE TRIP APPROVAL ☐ MULTI -TRIP APPROVAL; NUMBER OF TRIPS APPROVED _____

Company Name: _____ Contact: _____

Phone Number: _____ Email: _____

Commodity: _____ # of Axles: _____

Truck Plate (if known): _____ Application #: _____

Maximum Allowance for Weight and Dimension:

Gross Weight: _____

Steer Axles: _____ Drive Axles: _____ Jeep Axles: _____

Trailer Axles _____ : Booster Axles: _____ Other Axles: _____

Width: _____ Length: _____ Height: _____

Approved Route/Notes:

ORIGIN: _____ DESTINATION: _____

ROUTE: _____

Effective Date & Time: _____ AM / PM Expiry Date & Time: _____ AM / PM

RM: _____ Approved by (please sign): _____

Contact Info Phone: _____ Email _____

ADDITIONAL INFO: _____