

**R.M. of Pense No. 160**

**Primary Weight Permit Application**

**Information required:**

Today's date: \_\_\_\_\_

Date of haul: \_\_\_\_\_

What is being hauled: \_\_\_\_\_

Name of transport company: \_\_\_\_\_

License plate number: \_\_\_\_\_

Route requested or provide a map: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the load:  overweight

over-dimensional

both

Please email ([rm160@sasktel.net](mailto:rm160@sasktel.net)) or fax (306-345-2583) the request to our office for processing.

Name: (please print) \_\_\_\_\_

Signature: \_\_\_\_\_

Phone #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Fax #: \_\_\_\_\_

email: \_\_\_\_\_