



Escort Request

To: **SIBC** Fax #: **613-935-4016**
From : _____ Date : _____
Re : **Escort Fee authorization**

In order to gain access to the Seaway International Bridge carrying wide or over-weight loads, you will require an escort. **The escort fee for one crossing is \$100 and must be undertaken by SIBC employees.**

- The curb to curb width of the toll plaza is 3.35 meters or 11 feet
- Escort required for vehicles weighing more than 52.5 metric tons (115,000 lbs) up to 61.2 metric tons (135,000 lbs)
- Vehicles in excess of 61.2 metric tons (135,000 lbs) require engineering approval. **If engineering approval is required, there is an additional charge of \$300.**
- The SIBC reserves the right to invoice for any delays resulting from waiting or dismantling of equipment at a rate of \$75 / hour.

Please complete the following and fax back as soon as possible 613-935-4016:

Date passage required: _____ Time: _____
Direction: North (Canada) South (USA)
Type of load (please circle): Overweight Oversize
Weight: _____ (for overweight please complete vehicle registry)
Width: _____ Height: _____ Length: _____
Company Name: _____
Complete Address: _____
Contact Name: _____
Contact Tel #: _____
Approval Signature: _____
Cell phone of driver: _____

If you have any questions or concerns, please feel free to contact the Operations Supervisor at 613-932-6601 extension 160, Monday to Friday between 8:00am – 4:00pm.

The Seaway International Bridge Corporation, Ltd.
 Vehicle Registry
 Trucks in excess of 61.2 metric tons (135,000 lbs.)

TRUCK INFORMATION (COMPLETE SEPARATE PAGE FOR EACH TRUCK)										
TRUCK NUMBER:			MAKE:				MODEL:			
TRUCK LICENCE:		STATE/ PROVINCE		TRAILER LICENCE:		STATE/ PROVINCE				
OVERALL (M) HEIGHT:		LENGTH (M):		WIDTH (M)		GVW (KG):				
PERMIT NUMBER: _____		STATE/ PROVINCE: _____		EXPIRATION DATE: ____/____/____ MONTH DAY YEAR						
WEIGHT-AXLE SPACING - TIRES										
AXLE NUMBER	1	2	3	4	5	6	7	8	9	
AXLE WEIGHT KG.										
TIRE (WIDTH) MM										
NUMBER OF TIRES PER AXLE										
AXLE (MM) SPACING	1 to 2		2 to 3		3 to 4		4 to 5		5 to 6	
	6 to 7		7 to 8		8 to 9					
TIME PERIOD REQUIRED: START DATE				____/____/____ MONTH DAY YEAR			FINISH DATE: ____/____/____ MONTH DAY YEAR			
APPLICANT					OFFICE USE ONLY (DO NOT WRITE WITHIN THIS SECTION)					
THIS IS TO CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE STATEMENT CONTAINED IN THIS APPLICATION ARE TRUE AND CORRECT, THAT I HAVE READ AND UNDERSTAND THE CONDITIONS ON THE REVERSE SIDE OF THIS APPLICATION, AND IF GRANTED A PERMISSION TO TRANSIT THE BRIDGES, THAT I WILL COMPLY WITH ALL CONDITIONS AND RESTRICTIONS WHICH APPLY TO THIS MOVEMENT. FIRM NAME _____ PHONE NUMBER _____ AREA CODE: () _____ FAX NO.: () _____ STREET ADDRESS: _____ CITY OF TOWN: _____ PROVINCE OR STATE _____ POSTAL OR ZIP CODE: _____ BY: _____ SIGNATURE OF APPLICANT OR AUTHORIZED REPRESENTATIVE TITLE: _____					APPROVAL/SPECIAL PROVISIONS: <input type="checkbox"/> NO ESCORT REQUIRED, EXPIRES: _____ <input type="checkbox"/> SIBC ESCORT REQUIRED: _____ _____ EXPIRES: _____ <input type="checkbox"/> PERMISSION <input type="checkbox"/> REFUSED: _____ _____ _____ _____ BY: _____ DATE: _____ <p style="text-align: center;">THE SEAWAY INTERNATIONAL BRIDGE CORPORATION, LTD.</p>					

SEE REVERSE SIDE FOR ADDITIONAL REQUIREMENTS

AMENDED : February 2006 ANY CHANGES OR ERASURES EXCEPT INITIALED AMENDMENTS BY THE ISSUING OFFICE WILL VOID THIS PERMIT