



Credit Card Authorization Letter

This page must be completed if you are paying by Credit Card.

PLEASE FAX BACK TO:

Permit Application Tracking No. _____
(for online submissions only)

Ministry of Transportation

Fax #: _____

Date: _____

Ph. #: _____

Attention: _____

CVOR #: _____

From: _____

(Give full name of company/individual and address)

Phone #: (____) _____ Fax #: (____) _____

I, _____ hereby authorize the Ministry of Transportation to charge my: VISA, MASTERCARD OR AMERICAN EXPRESS

Number: _____ Expiry Date: _____

(mm/yy)

OVERSIZE/OVERWEIGHT PERMIT

- Single Trip Permit: \$ _____
- Annual Permit (\$ 300.00 x No. of permits requested): \$ _____
- Project Permit (\$200.00 x No. of permits requested): \$ _____
- Replacements (\$10.00) annual or project permit only: \$ _____
- Amendment (\$10.00 x No. of amendments requested): \$ _____

(\$5.00 fax fee may apply to Single Trip Permit or Amendment)

➤ For Deposit Only: Account # _____ in the amount of: \$ _____

➤ I authorize courier services to be charged to my credit card. Mark an "X" in the box.

(Authorized Signature)

Notice of Collection

Personal information you provide on this form is necessary for the administration of the Ministry's Oversize/Overweight and Special Vehicle Configuration programs authorized under the *Highway Traffic Act*, R.S.O. 1990, c.H.8 and such information is used to process your application fee. Direct enquiries to: Weight & Load Engineer, MTO, Carrier Sanctions & Investigation Office, Oversize/Overweight Permit Section, 301 St. Paul St., 3rd floor, St. Catharines, Ont, L2R 7R4, (416) 246-7166.