



Alberta Plywood/Slave Lake Pulp
 P.O. Box 517 Slave Lake, AB T0G 2A0
 Log Haul Administration: PH: 780-8053726 FAX: 780-849-2426

Contractor Hauling For:		
Truck License Plate #:	West Fraser Placard #:	
Company Name:		Phone #:
Registered Owner:		Phone #:
Address:		
Truck / Trailer(s) Information		
Insurance Company:	Policy #:	Expiry:
Truck License Plate #:		
Make:	Year:	Picker Truck? Y / N
Registration #:	Registration Expiry Date:	
CVIP #:	CVIP Expiry Date:	
Track Width:	Steering Tire Size:	
Jeep License Plate #:		
Make:	Year:	
Registration #:	Registration Expiry Date:	
CVIP #:	CVIP Expiry Date:	
Track Width:	Tire Size:	
Trailer License Plate #:		
Make:	Year:	
Registration #:	Registration Expiry Date:	
CVIP #:	CVIP Expiry Date:	
Track Width:	Tire Size:	
BLUE WEIGHT: _____ kg. LEGAL WEIGHT (RED): _____ kg. GREEN WEIGHT: _____ kg.		
Dimension/Winter Log Haul Permit #:	Start:	Expiry:
Seasonal Log Haul Permit #:	Start:	Expiry:
Salvage Permit #:	Start:	Expiry:
Annual Dimension Permit #:	Start:	Expiry:
TAC Permit #:	Start:	Expiry:
Tri-Drive Exemption Permit #:	Start:	Expiry:
Annual Equip. Exempt for Quad Permit #:	Start:	Expiry:
Other:	Start:	Expiry:
Other:	Start:	Expiry:

I declare that this information is current and accurate:

Owner/Authorized Representative Signature: _____

Date: _____

Please circle the configuration below which corresponds with the information provided on Page 1:

