



APPLICATION FOR OVER-HEIGHT LOAD

Consent No: _____

LOAD RELOCATION DETAILS

APPLICATION BY: _____

ADDRESS: _____

PHONE: _____ FAX: _____

HEIGHT OF LOAD (INCLUDING TRANSPORTER): _____

TOTAL WIDTH OF LOAD: _____ WIDTH OF LOAD AT HIGHEST POINT: _____

TYPE OF LOAD: _____

FROM (ADDRESS): _____

TO (ADDRESS): _____

DATE OF RELOCATION: _____ START TIME: _____

ESTIMATED TIME ENTERING ALPINE ENERGY AREA: _____

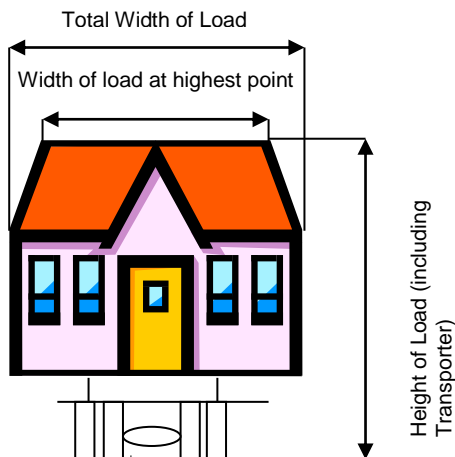
ROUTE TO BE FOLLOVED:

NAME: _____

SIGNED: _____

DATE: _____

LOAD PROFILE:



APPROVAL BY ALPINE ENERGY LTD

THE PROPOSED ROUTE IS APPROVED/ SHOULD BE CHANGED TO:

WE WILL NEED/ NOT NEED TO ESCORT THIS LOAD.

NAME OF ISSUING OFFICER: _____ SIGNED: _____

DATE: _____ DESIGNATION: _____