



TOWN OF DRAYTON VALLEY

PO Box 6837, 5120-52 Street,

Drayton Valley, AB T7A 1A1

Phone: 780-514-2200

Email: permitinfo@draytonvalley.ca

Dangerous Goods

Date: _____ Permit Number: _____

Company Name: _____ Driver's Name: _____

Mailing Address: _____ Postal Code: _____

Email Address: _____ Phone Number: _____

Driver's Cell Number: _____ Emergency Contact Number: _____

To Transport/Park/Store

The following dangerous goods will be either transported, parked, or stored

UN/PIN: _____ CLASS: _____ QUANTITY: _____

Within the Town of Drayton Valley at the following place or route:

Utilizing the following vehicle(s)

Year: _____ MAKE: _____ COLOUR: _____ LICENSE PLATE: _____

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Conditions

1. This permit (or number if issued by phone) or a bonafide copy must be carried in the above-named vehicle and shall be produced upon demand.
2. The application shall indemnify and save harmless the Town of Drayton Valley for any damage or loss, howsoever caused, as a result of this permit.
3. The applicant shall take every precaution necessary to prevent damage to property or injury to persons as a result of the transportation of dangerous goods related to this permit.
4. Other conditions deemed necessary to safeguard the citizens of the Town and their property:

Authorization

This permit has been approved with the following conditions / restrictions if any;

Signature of Applicant

Authorized Signature

Authorized Signature

Date Authorized: _____