



**TOWN OF DRAYTON VALLEY**  
PO Box 6837, 5120-52 Street,  
Drayton Valley, AB T7A 1A1  
Phone: 780-514-2200  
Email: [enforcement@draytonvalley.ca](mailto:enforcement@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: \_\_\_\_\_

Year: \_\_\_\_\_ MAKE: \_\_\_\_\_ COLOUR: \_\_\_\_\_ LICENSE PLATE: \_\_\_\_\_

### 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;

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\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
**Authorized Signature**

\_\_\_\_\_  
**Authorized Signature**

**Date Authorized:** \_\_\_\_\_