



High Load Move

A minimum notice of 5 business days is required prior to the move date.
Overtime rates will be applied for high load moves with less than 5 days notice provided

SUBMIT THIS FORM TO THE AREA OFFICE NEAREST THE STARTING POINT OF THE ROUTE.

SOUTH AREA
CLARESHOLM_AREA@EQUUS.CA
1.888.565.5445

CENTRAL AREA
INNISFAIL_AREA@EQUUS.CA
1.877.527.4011

NORTH AREA
ONOWAY_AREA@EQUUS.CA
1.888.627.4011

Date of Move:		Time of Move:		Customer PO#:	
Revision(s): If applicable, include the type of revision:	Please Check All Applicable Revisions.		DATE	HEIGHT	ROUTE
Company Name:	Email Address:				
Billing Address:					
Phone #:		Fax #:		Cell #:	
Company Representative:					
Truck Contact:		Load Height:		Metres:	
Truck Cell #:		Load Width:		Metres:	
Starting Point of Route:					
Area Office Near the Starting	Claresholm	Innisfail	Medicine Hat	Onoway	DREA SPREA
Final Destination:					
Driving Route:					

EQUUS will determine if there is adequate clearance under our overhead power lines based upon the route information above. You MUST be notified by an EQUUS representative before proceeding with the high load move. Once confirmed, a copy will be forwarded to your office by email. A COPY OF THIS CONFIRMATION MUST ACCOMPANY THE LOAD. All high load requests received by EQUUS, excluding high loads with a height of 8.9 meters or less, travelling in an approved high load corridor, will be billed of the 'High Load Administration Fee'.

REVISIONS: Revisions to this route, load height, or date of move requires a new form to be forwarded by email. A minimum of 72 hours in advance of the scheduled high load move is required for processing of the revised form.

CANCELLATIONS: EQUUS requires a minimum of 72-hours-notice of high load cancellations. If adequate notice is not provided by the high load company, EQUUS will notify the high load company that a \$500 fee has been applied. The fee will be required to be received in the EQUUS office prior to EQUUS completing any further work required by the high load company.

For Office Use Only

Comments:					
Work Order Number:			Version #:		
Date:			Request Forwarded to:	Clerical Initial:	
Date:			Serviceman Confirmation:	Escort Required:	YES NO
Where to Meet:					
Contact Info:					

Response from Area

SOUTH AREA - CLARESHOLM:		EQUS PLT:	DATE:
Route Clear	Escort Required		
SOUTH AREA – MEDICINE HAT:		EQUS PLT:	DATE:
Route Clear	Escort Required		
CENTRAL AREA - INNISFAIL SOUTH		EQUS PLT:	DATE:
Route Clear	Escort Required		
CENTRAL AREA - INNISFAIL NORTH		EQUS PLT:	DATE:
Route Clear	Escort Required		
NORTH AREA - ONOWAY		EQUS PLT:	DATE:
Route Clear	Escort Required		
DREA		EQUS PLT:	DATE:
Route Clear	Escort Required		
SPREA		EQUS PLT:	DATE:
Route Clear	Escort Required		
RESULTS:			ADMINISTRATOR:
		DATE:	

If Required, Additional Information: