

Section 2

Contact Person's Details

Full Name

Title/Position

Phone Number

Fax Number

Mobile Phone Number

Email Address

Preferred Method of Contact (please select one only)

Email

Fax

Post

Phone

Mobile

Billing Person's Details

Same as Contact Person Details

Full Name

Phone Number

Fax Number

Email Address

Preferred Method for sending of Billing details (please select one only)

Email

Post

Permit Details

Preferred Method for sending of Permit (please select one only)

Email

Fax

Post

Section 3

Applicant Declaration

I hereby declare that all details provided in this application are true and correct. Knowingly making a false statement to the NHVR may attract significant penalties under section 701 of the Heavy Vehicle National Law.

Applicant's Name

Title / Position

Privacy Statement

The NHVR is collecting your personal information to process this tow truck permit application pursuant to Chapter 4 of the Heavy Vehicle National Law Act. We are authorised under this Act to collect information we reasonably require to process your application.

We may disclose protected information contained in your application for the purposes set out in section 727 of the Act to an entity (including a private or public sector entity) identified in that section. This can include disclosure to an authorised employee or agent of the entity.

We may disclose protected information to a law enforcement agency, including a service provider authorised to enforce the Heavy Vehicle National Law nationally. A police agency may disclose protected information disclosed to or otherwise held by it to another police agency authorised to hold protected information.

Applicant's Signature

If providing an electronic signature please consent to the following: I accept the electronic signature has the same status as a signed signature.

Date Signed

Section 4

Vehicle Details

Vehicle Registration Number	Vehicle Registration State	Vehicle Identification Number (VIN/Chassis Number) PLEASE DON'T USE CAPS	Vehicle Make	Type	GVM/ATM/GCM

Vehicle Dimensions

Width (m) Length (m) Height (m) Requested Mass (t) Rear Overhang (m)

Tow Truck Type

Underlift/hook
 Tilt-tray rigid truck
 Prime mover and tilt-deck or stepdeck semi-trailer

Loaded Axle Mass and Spacings

Using the table provide the following details (if additional space is required please attach the [Additional Axle Mass and Spacings](#) page with details)

Unit Number	Axle	Number of tyres	Steerable axle (select if applicable)	Distance from previous axle (m)	Tyre size (mm)	Ground Contact Width (m)	Axle mass requested (t)
1	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						
	11						
	12						
	13						
	14						

Section 5

Period

Please indicate permit period.

Period from

Period to

Note – Requested period cannot exceed 3 years

Section 6

Route/Area Details

Start Address (Full Address including street number)

state

postcode

Destination Address (Full Address including street number)

state

postcode

Journey ID and Version Number

Route/Area Description

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DO NOT COMPLETE THIS PAGE IF SUBMITTING ONLINE

Payment Details

Notes:

- Preferred payment is by credit card

Payment Method (tick one)

- Credit Card
 Cheque

(please make cheques payable to the National Heavy Vehicle Regulator).

A separate cheque is required for each application if choosing to pay by one of these types.

Payment Amount – \$70

If you wish to pay the application fee by Credit Card, please complete the details below

Card Type

- Visa MasterCard American Express

Name on Credit Card (please print)

Card Number

Card Expiry

M

M

/

Y

Y

CVV

Cardholder Signature

If providing an electronic signature please consent to the following:

- I accept the electronic signature has the same status as a signed signature.

Date Signed

D

D

/

M

M

Y

Y

Contact Details

Send completed applications and supporting information with payment details by Email, Mail or Fax to the details listed below.

Mail Access Management
National Heavy Vehicle Regulator
PO Box 30
Virginia Business Hub Qld 4014

Fax 1300 880 423

Email AccessForms@my.nhvr.gov.au

To contact the Access team

Phone Number 1300 MYNHVR (1300 696 487)
Standard 1300 call charges apply
Please check with your phone service provider

Office Hours 7:00am - 7:00pm (AEDT)

Website www.nhvr.gov.au

Email info@nhvr.gov.au