

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 application to amend or cancel a 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

Permit Details

Permit Type

Note: 1 permit type per amend/cancel application

Permit issued by Jurisdiction

Yes Attach existing Permit/s to be amended

No enter NHVR permit number below

Permit Number

Replacement

Defaced

Destroyed

Lost

Stolen

Cancel

Please return Permit within 7 days to NHVR

National Heavy Vehicle Regulator

P O Box 492

Fortitude Valley QLD 4006

Reasons for the Amendment

Route/Area Vehicle Road/Travel Conditions

Other

Details

Section 5

Route/Area Changes

Provide any proposed changes

Journey ID and Version Number (new proposed route)

Section 6

Road Condition Changes

Provide any proposed changes

Travel Condition Changes

Provide any proposed changes



Section 7

Vehicle Details

A – Add R – Remove AM –Amend	Vehicle Identification Number (VIN/Chassis Number) PLEASE DON’TUSE CAPS	Vehicle Registration Number	Vehicle Registration State	Previous Registration Number	Previous State of Registration	Vehicle Make	Vehicle Model	Type	Total Number of Axles	Total Number of Tyres	GVM/ATM /GCM

Contact Details

Send completed applications and supporting information 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