

Regulator Customer Number (RCN) (if known)

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**If you are applying online do not complete Sections 1, 2 and 3. If you have an RCN do not complete Section 1.**

## Section 1

### Applicant Details

Applicant's Name (must be Company or Individual)

Australian Company Number (ACN) (ACN is not required for Individuals)

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Trading As Name (if applicable)

Registered Company Address (or Business Address for individuals)

	State		Postcode	
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Postal Address (if same as Registered Company write "As Above")

	State		Postcode	
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Billing Postal Address (if same as Postal write "As Above")

	State		Postcode	
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## 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 B Double 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

#### Length

19m (50t to 55t)     
  23m     
  25m     
 If vehicle is a 26m B-double please select 25m

#### Load Details

Freight type

General freight     
  Commodity    
please supply type

Livestock     
  Dangerous Goods     
  Car Carrier

Vehicle operating under livestock load scheme State

Other

If Other, please describe freight type

### Vehicle Details

(only applicable if vehicle operating under livestock load scheme)

Vehicle Registration Number	Vehicle Registration State	Vehicle Identification Number (VIN/Chassis Number) <small>PLEASE DON'T USE CAPS</small>

### 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)



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 state  postcode 

Destination Address (Full Address including street number)



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 state  postcode 

Journey ID and version number

Route/Area Description

## 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

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Card Expiry

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CVV

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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

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### 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