



## 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 special purpose vehicle 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 (cont'd...)**

**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						
	15						
	16						
	17						
	18						
	19						
	20						
	21						
	22						
	23						
	24						
	25						

Description of vehicle (e.g. 5 axle crane with boom reversered on to a 3 axle dolly)

## Section 5

### Permit Type

oversize only     overmass only     oversize and overmass

### Period

Please indicate required period.

Period from

Period to

Period Permit (only applicable to certain combinations)

Single Trip

Note – Requested period cannot exceed 3 years

## Section 6

### Route/Area Details

Start Address (Full Address including street number)

  
 

Destination Address (Full Address including street number)

  
 

Journey ID and Version Number

Do you require a return trip?     Yes     No

Route/Area Description (certain vehicle configurations may be restricted to routes only)

### Third party consent

You may be required under law to consult with one or more other entities and seek their approval in relation to your application.

In this case, the relevant road manager/s may commence their decision making process, however the Regulator cannot grant your permit until you provide evidence that approval has been given by the third party/ies

e.g. Rail Networks, Energy Providers, Telecommunication Networks.

Please provide evidence of third party approvals with this application  Tick if attached

If you are unable to provide at time of submission please supply as soon as possible via email, fax, post or mail clearly marked "Access Management – 3rd Party Approval Evidence" – quoting the case number and your RCN.

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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

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

### 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