Access_{PBS}



Performance based standards permit application

Heavy Vehicle National Law Section 144

Please note: All fields marked with a * must be completed. If these fields are blank or incorrect, your application may be rejected. Regulator Customer Number (RCN) (if known) If you have an RCN do not complete Section 1. Section 1 **Applicant Details** Applicant's Name (must be Company or Individual) Australian Business Number (ABN) or Australian Company Number (ACN) ABN/ACN is not required for Individuals Trading As Name (if applicable) Registered Company Address (or Business Address for individuals) Postcode State Postal Address (if same as Registered Company write "As Above") State Postcode Billing Postal Address (if same as Postal write "As Above") State Postcode





Heavy Vehicle National Law Section 144

Cartian 2	
Section 2 Contact Person's Details	
ull Name	
itle/Position	
nie/ Fosition	
Phone Number Fax Number	Mobile Phone Number
Billing Person's Details Same as Contact Person Details	
Same as Contact Person Details ull Name	
hone Number Fax Number	
Section 3 Applicant Declaration hereby declare that all details provided in this application are nay attract significant penalties under section 701 of the Heav applicant's Name	true and correct. Knowingly making a false statement to the NHV y Vehicle National Law.
itle / Position	
HVNL) and Regulations. This information is authorised or required by Where relevant, the NHVR may disclose your personal information to	f assessing heavy vehicle access under the Heavy Vehicle National Law the HVNL. third parties, including law enforcement agencies, road and asset owne andled and disclosed in accordance with the Information Privacy Act 20
applicant's Signature	
	≱ Date Signed



Heavy Vehicle National Law Section 144

Section 4

BS Details							
Do you have a PBS Design Approval OR				Do you have a PBS Fina	l Approval (FA) or Vehicle Approval (VA) Nu		
No (please refer to NH)	/R website for in	structions on obtaining	g DA approval)	No (please attach veh	nicle certification documents to this application)		
Yes PBS Design App	Yes PBS Design Approval Number Yes				Yes PBS final approval number (vehicle approval number)		
					· 		
ection 5							
ehicle Details		*	*		*		
		Vehicle egistration State	Vehicle Identific (VIN/Chassis PLEASE DON'	s Number)	Туре		
perating Mass and	Access Leve	el *	*				
Lovel	GML CML (tick applicable)		HML (tick applicable)	Other (Please complete section 7) If you are seeking access for a route that is			
1		,		not an appro	oved PBS route for the level of		
2A				vehicle, plea the route.	se use the GIS for selecting		
2B							
				Please note:	If selecting HML, please		



3A

3B 4A 4B include CML and GML as well, in case HML

is denied by the road manager.



Heavy Vehicle National Law Section 144

Section 6					
Period					
Please indicate permit period.					
Period from	Period to				
/ /	/	/ /			
Note – Requested period cannot ex	xceed 3 years				
Permit issued by:					
NHVR	NSW	VIC	TAS		
QLD	ACT	SA			
Permit Number					
•		please attach	existing permit (if applicable)		
Section 7					
Route/Area Details					
Start Address (Full Address including	street number)		Destination Address (F	full Address including street num	ber)
	state	postcode		state	postcode
Journey ID and version number					
Route/Area Description					



Heavy Vehicle National Law Section 144

THIS PAGE HAS BEEN LEFT INTENTIONALLY BLANK



Heavy Vehicle National Law Section 144

Payment Details	Contact Details		
Notes: • Preferred payment is by credit card	Send completed applications and supporting information with payment details by Mail or Fax to the details listed below.		
Payment Method (tick one) Credit Card Cheque	Mail	Access Management National Heavy Vehicle Regulator PO Box 492 Fortitude Valley QLD 4006	
(please make cheques payable to the National Heavy Vehicle Regulator).	Fax	1300 880 423	
A separate cheque is required for each application if choosing to pay by one of these types.			
Payment Amount – \$91.00 inc GST	To contact the Access team		
If you wish to pay the application fee by Credit Card, please complete the details below Card Type	Phone Number	13 NHVR (13 64 87) Standard 1300 call charges apply Please check with your phone service provide	
Visa MasterCard	Office Hours	7:00am - 5:00pm (AEST)	
Name on Credit Card (please print)	Website	www.nhvr.gov.au	
Card Number Card Expiry Cardholder Signature Date Signed			

