

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)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

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)

<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	-------	----------------------	----------	----------------------	----------------------	----------------------	----------------------

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

<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	-------	----------------------	----------	----------------------	----------------------	----------------------	----------------------

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

<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	-------	----------------------	----------	----------------------	----------------------	----------------------	----------------------

Section 2

Contact Person's Details

Full Name

Title/Position

Phone Number

Fax Number

Mobile Phone Number

*** Billing Person's Details**

Same as Contact Person Details

Full Name

Phone Number

Fax Number

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 the information on this form for the purpose of assessing heavy vehicle access under the Heavy Vehicle National Law (HVNL) and Regulations. This information is authorised or required by the HVNL. Where relevant, the NHVR may disclose your personal information to third parties, including law enforcement agencies, road and asset owners. Your privacy will be respected and your personal information will be handled and disclosed in accordance with the *Information Privacy Act 2009* and other relevant legislation.

Applicant's Signature

***** Date Signed

Road train permit application

Heavy Vehicle National Law Section 144

Section 4

Vehicle Details

- Road Train up to 36.5m
- Road Train 36.5m to 53.5m
- Modular B-Triple
- B-Triple up to 36.5m
- Other

Road Train Modernisation Program (NSW only)

- Modular B-Triple
- AB-Triple
- B-Triple
- Tri-axle Road Train Dolly

Load Details

Freight type

General freight

Commodity

please supply type

Livestock

Dangerous Goods

Vehicle operating under livestock load scheme State

Other

If Other, please describe freight type

IAP Details

Are you enrolled in IAP? Yes State

No

Extra states (if applicable)

Vehicle Details

(only applicable if vehicle's are operating under a livestock loading scheme or if IAP is required as a condition of Access)

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

Section 5

+ Period

Please indicate permit period.

Period from

Period to

Note – Requested period cannot exceed 3 years

Permit issued by:

NHVR NSW VIC TAS
 QLD ACT SA

Permit Number

+ + Please attach existing permit. For jurisdictional permits, all pages of the permit must be attached.

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 (certain vehicle configurations may be restricted to routes only)

THIS PAGE HAS BEEN LEFT
INTENTIONALLY BLANK

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 – \$88.00 inc GST

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

 /

Cardholder Signature

Date Signed

Contact Details

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

Mail Access Management
 National Heavy Vehicle Regulator
 PO Box 492
 Fortitude Valley QLD 4006

Fax 1300 880 423

To contact the Access team

Phone Number 13 NHVR (13 64 87)
 Standard 1300 call charges apply
 Please check with your phone service provider

Office Hours 7:00am - 5:00pm (AEST)

Website www.nhvr.gov.au