

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

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 (if applicable).

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)

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