

Higher mass limits permit application

Heavy Vehicle National Law Section 21

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

State

Postcode



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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						
Phote Number Pax 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						
Applicant 3 Signature						





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Section 4 Vehicle Details Short Combination B-Double B Triple up to 36.5m AB-Triple up to 36.5m AB-Triple up to 36.5m Cher	IAP Details Are you enrolled in IAP? Yes State No Extra states (if applicable) Note: For further information regarding applicable axle groups and vehicles for HML, please refer to the HML information bulletin.
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
Section 6 Route/Area Details Start Address (Full Address including street number)	Destination Address (Full Address including street number) state postcode



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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 provider
Visa MasterCard	Office Hours	7:00am - 5:00pm (AEST)
Name on Credit Card (please print)	Website	www.nhvr.gov.au
Card Number Card Expiry CVV Cardholder Signature Date Signed		