

Regulator Customer Number (RCN) (if known)

**If you have an RCN do not complete Section 1.**

Case Number (if known)

## Section 1

### Applicant Details

Applicant's Name (must be Company or Individual)

Australian Company Number (ACN) (ACN is not required for Individuals)

Trading As Name (if applicable)

Registered Company Address (or Business Address for individuals)

state  postcode

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

state  postcode

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

state  postcode

## 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

## 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

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  /  /

### Privacy Statement

The NHVR is collecting your personal information to process this application for review pursuant to Chapter 11 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.

## Section 4

### Decision to be reviewed

(Please provide one copy of this page per decision and attach the related decision to this form)

Decision Number (if applicable)

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Date of decision

	/		/	
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Date received

	/		/	
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State briefly why you believe the decision is wrong or not properly made (if space is insufficient please attach documentation to this form)

Briefly describe any other facts you think are important (if space is insufficient please attach documentation to this form)

Briefly describe what you want to happen (if space is insufficient please attach documentation to this form)

### Checklist

I have completed all questions on the application form according to the instructions

I have included copy/s of the decision/s for which I am seeking a review (if I have a copy)

I am ready to proceed with this application

### Contact Details

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

Mail Internal Reviews and Appeals  
National Heavy Vehicle Regulator  
PO Box 492  
Fortitude Valley QLD 4006

Fax 1300 880 423

Email [AccessOps@nhvr.gov.au](mailto:AccessOps@nhvr.gov.au)

To contact the NHVR

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](http://www.nhvr.gov.au)