

### General information

This form is for operators seeking to establish a work and rest hour exemption (permit) within Fatigue Management.

For further information on Fatigue Management, refer to the NHVR website or call the NHVR contact centre. You will find the contact information within this form.

### Before you begin:

- Examine BFM and AFM options that may be suitable for your work and rest times.
- Determine the work and rest hours you want to operate under this fatigue exemption permit.
- Collect required information for your application.
- Develop a safety case which details your proposed alternative fatigue management practices including risk assessment, mitigation and contingency plans.
- Review work and rest hour schedules in order to comply with the exemption permit.
- Prepare supporting documentation for application.

### Form checklist

- Application form completed and signed
- Copy of a documented safety case attached
- Providing work and rest hour schedules for this exemption
- Safety case outlining fatigue management practices including:
  - Reasons for changing your current work and rest hour provisions
  - Risk assessment including counter measures and contingency plans
  - Inspection/Observation reporting process for signs of fatigue impairment
  - Monitoring competency in controlling fatigue related risk of work and rest hour schedules
  - Review and identify improvement strategies in your fatigue management exemption
  - Report the effectiveness of the fatigue management practices.

# Establish work and rest hour exemption (permit)

Regulator Customer Number (RCN)

**If you have an RCN, please disregard completing the operator details.**

## Operator (applicant) details

Applicant's name (must be Company or individual)

Driver licence number

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

Trading as name (if applicable)

Registered company address (or business address for individual)

  
 State  Postcode 

Primary physical operating address

  
 State  Postcode 

Operator postal address

  
 State  Postcode 

Business phone number

Business fax number

Mobile phone number

Email address

Preferred method of contact (please select one only)

Phone
  Mobile
  Email
  Post
  Fax

## Work and rest exemption (permit) details

Requested duration of exemption

1 year
  2 years
  3 years

Outline of proposed work and rest hours exemption (permit)  
(attach additional information if need)

Have you considered AFM or BFM Accreditation?

Yes
  No

## Operator (applicant) declaration

I confirm that I have read and understand the conditions applicable to national heavy vehicle work and rest hour exemption (permit) as outlined in the legislation references section of this site. I hereby declare that all details provided in this application are true and correct. Giving false and misleading information is a serious offence. Penalties apply.

I declare that the relevant fatigue management practices are in place for ensuring compliance with the NHVR legislation and standards.

Applicant's name

Title / position

Signature

If providing an electronic signature please consent to the following:

I accept the electronic signature has the same status as a signed signature.

[PRIVACY STATEMENT](#)

Date signed  /  /

**Note that application for work and rest hour exemption permits may require further information and the NHVR may contact you.**

*The full privacy statement can be read in full on page 3.*

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#### Privacy Statement

The NHVR is collecting your personal information to establish a work and rest hour exemption permit under Chapter 6 of the Heavy Vehicle National Law Act.

We are authorised under this Act to collect information we reasonably require to decide this 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.

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#### Contact details

Submit completed applications and supporting information by mail, fax or email as listed below:

Mail            Accreditation Unit  
                 National Heavy Vehicle Regulator  
                 PO Box 492  
                 Fortitude Valley QLD 4006

Fax             1300 736 798

Email          accreditation@nhvr.gov.au

To contact the NHVR Accreditation Team:

Call             1300 MYNHVR (1300 696 487)  
                 Standard 1300 call charges apply  
                 Please check with your phone service provider

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