

Oversize and or overmass permit application

Heavy Vehicle National Law Section 123

Please note: All fields marked with a *	* must be completed.	. If these fields are blank or incorrect.	vour application may	be rejected.

Reg	ulato	r Cust	ome	r Nur	nber	(RCN	I) (if I	known)			
lf y	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 no	ot 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



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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.

Appl	ican	ťs N	lame	5																		
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Title	/ Po	sitic	n																	 		
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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			



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No

www.nhvr.gov.au

Section 4

Vehicle Details

Brief description of the vehicle/combination eg. Prime mover low loader dolly combination

Does the load require additional push and pull trucks for the entire route?

Yes include in Vehicle Details table below and in Loaded Axle Mass and Spacings table on page 4

(enter in order of combinations)	

Vehicle Registration	Vehicle Registration	Vehicle Identification Number (VIN/Chassis Number)	Vehicle Make	‡ Type	GVM	# GTM	# GCM
Number	State	PLEASE DON'T USE CAPS			(t)	(t)	(t)
_oaded Vehicl	e (vehicle plus load	()					
Width (m)	Length (m)	Height (m)	Rear Overhang (m)	Total Mass (t)	Mass of load of	only (t)	
oad Details							
	. Must include wh	ether the load is divisible or i	ndivisible and if the ope	erator requires a convo	y/police escort.		
Inladen Vehi	cle/Combinatio	n					
Width (m)	Length (m)	Height (m)	Tare Mass (t)				
	[
						_	
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Section 4 (cont'd...)

Loaded Axle Mass and Spacings (Mandatory if load requires additional push and pull trucks for the entire route)

Using the table provide the following details (if additional space is required please attach am Additional Axle Mass and Spacings page with details).

unit Number	Axle	Number of tyres	Steerable axle (select if applicable)	Distance from previous axle (m)	Tyre size (mm)	Ground Contact Width (m)	Axle mass requested (t)
1	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						
	11						
	12						
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Section 5					
Permit Type					
	ass only oversize and over	rmass			
Period					
Please indicate required period			Period Permit (only	applicable to certain cc	ombinations)
Period from	Period to		Single Trip		
/ /	/ /		Number of trips		*
Note – Requested period cannot ex	ceed 3 years			enter number	
Permit issued by:					
NHVR NSW	VIC	TAS	QLD	ACT	SA
Permit Number		_			
	📫 Please attach ex	isting permit (if	applicable).		
Section 6					
Laden Unlade	en	Destinati	on Address (Full Addre	ss including street num	ber)
	stata			state	nostsodo
ournou ID and Version Number	state postcode			state	postcode
Journey ID and Version Number	state postcode	Do you r	equire a return trip?	Yes	No
		Do you n	equire a return trip?	Yes	
Jsing the table provide the following do	letails		equire a return trip?	Yes	No Unladen
Jsing the table provide the following do	letails		equire a return trip? Town	Yes	No
Jsing the table provide the following de Route/Area Description (certain vehicle	letails e configurations may be restricted to ro			Yes	No Unladen (tick if applicab)
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Jsing the table provide the following de Route/Area Description (certain vehicle	letails e configurations may be restricted to ro			Yes	No Unladen (tick if applicab
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Jsing the table provide the following de Route/Area Description (certain vehicle	letails e configurations may be restricted to ro			Yes	No Unladen (tick if applicab)
Jsing the table provide the following de Route/Area Description (certain vehicle	letails e configurations may be restricted to ro			Yes	No Unladen (tick if applicab)

Third party consent

You may be required under law to consult with one or more other entities and seek their approval in relation to your application.

In this case, the relevant road manager/s may commence their decision making process, however the Regulator cannot grant your permit until you provide evidence that approval has been given by the third party/ies

e.g. Rail Networks, Energy Providers, Telecommunication Networks.

Please provide evidence of third party approvals with this application $\hfill \square$ Tick if attached

If you are unable to provide at time of submission please supply as soon as possible via email, fax, post or mail clearly marked "Access Management – 3rd Party Approval Evidence" – quoting the case number and your RCN.



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Payment Details	Contact Detai	ls			
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). A separate cheque is required for each application if choosing to pay by one of	Fax	1300 880 423			
these types. Payment Amount – \$91.00 inc GST					
If you wish to pay the application fee by Credit Card, please complete the details below Card Type	To contact the Ac Phone Number	ccess team 13 NHVR (13 64 87) Standard 1300 call charges apply			
Visa MasterCard Name on Credit Card (please print)	Office Hours	Please check with your phone service provider 7:00am - 5:00pm (AEST)			
	Website	www.nhvr.gov.au			
Card Number					
Card Expiry					
Cardholder Signature					