

Accessspv

Special purpose vehicle 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, your application may be rejected.

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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						_		_				_					_				_			_						
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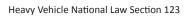


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				Total Mass (+)		(m)	Height (m)	ength (m)		Width (m)
					/eight)	Removed Parts (counter weight)		Rear Overhang (m)	Rea	Forward Projection (m)
					•	-) -	ı	Vehicle Dimensions
Dolly/Jink Number of axles	Dolly/Jinker State of Registration	Dolly/Jinker Registration Number (if used)	GVM/ GCM/ ATM	Vehicle Model	Ve	Vehicle Make	Vehicle Identification Number (VIN/Chassis Number) if unregistered supply PLEASE DON'T USE CAPS	Vehicle Ide (VIN/C if unre PLEASE	Vehicle Registration State	Vehicle Registration Number
										Extra states (if applicable)
		No					No	ate	Yes: State	Are you enrolled in IAP?
			Load Sharing Suspension	Load Sha			Drilling Rig Other:		Concrete Pump	Mobile Crane
										Vehicle Details
										Section 4



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Section 4 (cont'd...)

Loaded Axle Mass and Spacings

Using the table provide the following details (if additional space is required please attach the 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						
	13						
	14						
	15						
	16						
	17						
	18						
	19						
	20						
	21						
	22						
	23						
	24						
	25						

De	escription of vehicl	le (e.g. 5 axle crane	with boom reversered	d on to a 3 axle dolly)		



Section 5	
Permit Type	
oversize only overmass only oversize and overr	nass
E Period	
Please indicate required period.	Period Permit (only applicable to certain combinations)
Period from Period to	Single Trip
/ /	
Note – Requested period cannot exceed 3 years	
Permit issued by:	
NHVR NSW VIC	TAS
QLD ACT SA	
Permit Number	sting permit (if applicable).
Please attach exis	iting permit (if applicable).
Section 6	
Route/Area Details	
Start Address (Full Address including street number)	Destination Address (Full Address including street number)
	<u> </u>
state postcode	state postcode
Journey ID and Version Number	Do you require a return trip? Yes No
	7
	_
Route/Area Description (certain vehicle configurations may be restricted to ro	putes only)
Third party consent	
You may be required under law to consult with one or more other entit	ies and seek their approval in relation to your application.
In this case, the relevant road manager/s may commence their decision provide evidence that approval has been given by the third party/ies	n making process, however the Regulator cannot grant your permit until you
e.g. Rail Networks, Energy Providers, Telecommunication Networks.	
Please provide evidence of third party approvals with this application	Tick if attached
If you are unable to provide at time of submission please supply as soor – 3rd Party Approval Evidence" – quoting the case number and your RC	n as possible via email, fax, post or mail clearly marked "Access Management





Heavy Vehicle National Law Section 123

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Payment Details	Contact Detail	ls
Notes: • Preferred payment is by credit card		applications and supporting information with 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 these types.	Fax	1300 880 423
Payment Amount – \$91.00 inc GST	To contact the Ac	ccess team
f 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 Cardholder Signature Date Signed		

