



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





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## Section 4

### Vehicle Details

Vehicle Registration Number	Vehicle Registration State	Vehicle Identification Number (VIN/Chassis Number) PLEASE DON'T USE CAPS	Vehicle Make	Туре	GVM/ GTM/GCM
/ehicle Dimensi	ons	Rea	uested Rear		
Width (m)	Length (m)	Height (m) Mas	ss (t) Overhan	g (m)	

TOW	Tru	باءر	TV	no

low truck type		
Underlift/hook	Tilt-tray rigid truck	Prime mover and tilt-deck
	<del></del>	or stepdeck semi-trailer

### **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						







# Section 5

Period					
Please indicate permit period	d.				
Period from	Period to				
/ /	/	/			
Note – Requested period can	not exceed 3 years				
Permit issued by:					
NHVR	NSW	VIC	TAS		
QLD	ACT	SA			
Permit Number					
k .		Please attach existin	g permit (if applicable).		
Section 6					
Route/Area Details					
Start Address (Full Address incl	luding street number)		Destination Address (Full Address inc	luding street numb	er)
	state	postcode		state	postcode
Journey ID and Version Num	ber				
Route/Area Description					
Noute/Area Description					

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Payment Details	Contact Detai	S
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).	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 A	ccess 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 provide
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		