



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)

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If you have an RCN do not complete Section 1.

Section 1

Applicant Details

Applicant's Name (must be Company or Individual)

A horizontal number line with a red asterisk at the left end and 20 tick marks.

Australian Business Number (ABN) or Australian Company Number (ACN) ABN/ACN is not required for Individuals

[illegible]

Trading As Name (if applicable)

Registered Company Address (or Business Address for individuals)

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

															State			Postcode				
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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

* 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.

Applicant's Name

Title / Position

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

AccessTT

Tow truck permit application

Heavy Vehicle National Law Section 123

Section 4

Vehicle Details

Vehicle Registration Number	Vehicle Registration State	Vehicle Identification Number (VIN/Chassis Number) PLEASE DON'T USE CAPS	Vehicle Make	Type	GVM/ GTM/GCM

Vehicle Dimensions

Width (m)	Length (m)	Height (m)	Requested Mass (t)	Rear Overhang (m)

Tow Truck Type

- ☐ Underlift/hook ☐ Tilt-tray rigid truck ☐ Prime mover and tilt-deck 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.

Period from

 / /

Period to

 / / *Note – Requested period cannot exceed 3 years*

Permit issued by:

☐ NHVR	☐ NSW	☐ VIC	☐ TAS
☐ QLD	☐ ACT	☐ SA	

Permit Number

✚ Please attach existing permit. **For jurisdictional permits, all pages of the permit must be attached.**

Section 6

✚ Route/Area Details

Start Address (Full Address including street number)

	state	postcode

Destination Address (Full Address including street number)

	state	postcode

Journey ID and Version Number

Route/Area Description

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Payment Details

Notes:

- Preferred payment is by credit card

Payment Method (tick one)

☐ Credit Card☐ Cheque

(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.

Payment Amount – \$83.00 inc GST

If you wish to pay the application fee by Credit Card, please complete the details below

Card Type

☐ Visa ☐ MasterCard ☐ American Express

Name on Credit Card (please print)

A horizontal number line with 16 equally spaced tick marks. The line is black, and the tick marks are short vertical segments perpendicular to the line. There are no numbers or labels on the line.

Card Number

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Card Expiry

/

Cardholder Signature

Date Signed

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Contact Details

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

Mail Access Management
National Heavy Vehicle Regulator
PO Box 492
Fortitude Valley QLD 4006

Fax 1300 880 423

To contact the Access team

Phone Number 13 NHVR (13 64 87)
Standard 1300 call charges apply
Please check with your phone service provider

Office Hours 7:00am - 5:00pm (AEST)

Website www.nhvr.gov.au