

B Double Permit Application

Heavy Vehicle National Law Section 144

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Postcode

Postcode

State

State

Regulator]																	
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Applicant	Deta	ails																						
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Postal Addr	ess (if	same	as Re	gister	red C	Comp	any v	vrite	"As Al	bove")													

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Billing Postal Address (if same as Postal write "As Above")

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Heavy Vehicle National Law Section 144

Section 2

	Contact Person	n's Deta	ails																		
	Full Name																				
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	Title/Position																				
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	Phone Number						Fax I	Numb	ber					Мо	bile	Phor	ne N	umbe	er		

Billing Person's Details Full Name Phone Number Fax Number Fax

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	icant	's Na	me																	
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Title																				
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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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Access_{BD} **B** Double Permit Application

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Section 4	Vehicle Details		
Length	(only applicable if vehicle		
19m 23m 25m If vehicle is a 26m B-double please select 25m	Vehicle Registration Number	Vehicle Registration State	Vehicle Identification Number (VIN/Chassis Number) PLEASE DON'T USE CAPS
Load Details			
Freight type			
General freight Commodity			
please supply type			
Livestock Dangerous Goods Car Carrier			
Vehicle operating under livestock load scheme State			
Other			
If Other, please describe freight type			
Section 5			
Period			
Please indicate permit period.			
Period from Period to			
Note – Requested period cannot exceed 3 years			
Permit issued by:			
NHVR NSW VIC TA	S QLD		ACT SA
Permit Number			
Please attach existin	ng permit (if applicable).		
Section 6			
Route/Area Details	-		
Start Address (Full Address including street number)	Destination Address (Fu	ll Address includ	ng street number)
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state postcode		s	tate postcode
Journey ID and version number			
Route/Area Description			

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Payment Details	Contact Details						
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 Ac	ccess team					
If you wish to pay the application fee by Credit Card, please complete the details below	Phone Number	13 NHVR (13 64 87) Standard 1300 call charges apply Please check with your phone service provider					
Card Type Visa MasterCard	Office Hours	7:00am - 5:00pm (AEST)					
Name on Credit Card (please print)	Website	www.nhvr.gov.au					
Date Signed							