

Access_{AP} Amend permit application

Heavy Vehicle National Law Section 176

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 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 to may attract significant penalties under section 701 of the Heavy Applicant's Name	ue and correct. Knowingly making a false statement to the NHVR /ehicle National Law.
1,44	
Title / Position	
,	
Privacy Statement The NHVR is collecting the information on this form for the purpose of a (HVNL) and Regulations. This information is authorised or required by the Where relevant, the NHVR may disclose your personal information to the Your privacy will be respected and your personal information will be half and other relevant legislation.	e HVNL. ird parties, including law enforcement agencies, road and asset owners.
Applicant's Signature	
	≱ Date Signed



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Section 4			
Permit Details			
Permit Type			
Permit issued by:			
NHVR NSW	VIC TAS	QLD ACT	SA
Permit Number			
	* Please attach existing permit. For ju	urisdictional permits, all pages of th	ne permit must be attached
Reasons for Amendment			
Adding or removing vehicle	registrations Updating po	ermit to reflect Vehicle Approval (P	BS)
Amending road or travel co			
Update company details			
Trading Name:			
Address:			
Contact Dataile			
Contact Details:			
Minor Variations to route	(start and destination address must remain as per a to change a route or area a new application is requ		
	Journey ID and Version Number		
Description of requested amendr	nent:		

If the request for amendment is deemed not to be a minor variation, you will be contacted by the NHVR and requested to submit the appropriate form and associated fee prior to amendments being progressed.



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													A – Add R – Remove AM –Amend
													Vehicle Identification Number (VIN/Chassis Number) PLEASE DONTUSE CAPS
													Vehicle Registration Number
													Vehicle Registration State
													Previous Registration Number
													Previous State of Registration
													Vehicle Make
													Vehicle Model
													Туре
													Total Number of Axles
													Total Total Number Number of Axles of Tyres
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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 1300 MYNHVR (1300 696 487)

Standard 1300 call charges apply

Please check with your phone service provider

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

Website www.nhvr.gov.au