

Road train permit application



Please note: All fields marked with a * must be completed. If these fields are blank or incorrect, your application may be rejected.

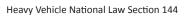
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Road train permit application



Section 2 Contact Person's Details Full Name				
Title/Position				
The production				
				
Phone Number	Fax Number		Mobile Phone Numbe	r
Billing Person's Details Same as 6 Full Name	Contact Person Details			
Phone Number	Fax Number			
Priorie Number	Fax Number			
Section 3 Applicant Declaration I hereby declare that all details provided may attract significant penalties under sea Applicant's Name			ngly making a false st	atement to the NHVR
Title / Position				
Privacy Statement The NHVR is collecting the information on th (HVNL) and Regulations. This information is a Where relevant, the NHVR may disclose you Your privacy will be respected and your pers and other relevant legislation.	authorised or required by the r personal information to th	e HVNL. ird parties, including law	enforcement agencies,	, road and asset owners.
Applicant's Signature				
			≱ Date Signed	
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Road train permit application

Heavy Vehicle National Law Section 144

Section 4	
Vehicle Details	IAP Details
Road Train up to 36.5m Road Train 36.5m to 53.5m	Are you enrolled in IAP? Yes State No
Modular B-Triple B-Triple up to 36.5m	Extra states (if applicable)
Other Road Train Modernisation Program (NSW only)	Vehicle Details (only applicable if vehicle's are operating under a livestock loading scheme or if IAP is requried as a condition of Access)
Modular B-Triple AB-Triple B-Triple Tri-axle Road Train Dolly	Vehicle Registration Number Vehicle Registration (VIN/Chassis Number) 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	
☐ Vehicle operating under livestock load scheme State	
Other	
If Other, please describe freight type	



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Heavy Vehicle National Law Section 144

Section 5

Period						
Please indicate permit period.						
Period from	Period to					
/ /	/	/				
Note – Requested period cannot e.	xceed 3 years					
Permit issued by:						
NHVR	NSW	VIC	TAS			
QLD	ACT	SA				
Permit Number						
•	*	Please attach existi	ng permit (if ap	plicable).		
Section 6						
Route/Area Details						
Start Address (Full Address including	street number)		Destination	Address (Full Addres	s including street num	nber)
	,					
	state	postcode			state	postcode
Journey ID and Version Number						
Route/Area Description (certain vel	hicle configurations m	ay be restricted to rou	tes only)			



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Heavy Vehicle National Law Section 144

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application

Heavy Vehicle National Law Section 144

Payment Details	Contact Detai	IS				
Notes: • Preferred payment is by credit card	Send completed applications and supporting information with payment details 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						