

Intelligent Access Program – NSW, QLD and VIC

Important information

- PLEASE NOTE: Before operating an IAP enrolled vehicle you must ensure you meet all other requirements of the permit/notice/scheme you are operating under.
- This form is for a person wishing to notify the National Heavy Vehicle Regulator (NHVR) of their intention to commence, amend or cancel participation in the Intelligent Access Program (IAP) in New South Wales (NSW), Queensland (QLD) or Victoria (VIC).
- By submitting this form, you are requesting the Intelligent Access Condition (IAC) Administrator to either enrol you in the IAP, amend current IAP Certificate/s, or cancel current IAP Certificate/s for each vehicle identified in the vehicle schedule in Section 6.
- Monitoring cannot occur until your nominated IAP Service Provider (IAP-SP) has received written notification from Transport Certification Australia (TCA).
- You may be required to provide a current copy of the Registration Certificate for each vehicle.
- For general enquiries relating to the IAP please call the NHVR on 13 64 87.
- Before enrolling, or amending enrolment, in the IAP you must read and agree to all terms and conditions that apply to the vehicle you are enrolling in the IAP. The terms and conditions are available for viewing and download from nhvr.gov.au/road-access/access-management/intelligent-access-program-iap

Instructions for completing this form

- When completing this form, it is important to note that if you are:
- enrolling a new vehicle within the IAP, a new IAP Certificate will be issued
 - amending details of your current IAP Certificate, you may be reissued with a new IAP Certificate for each vehicle
 - cancelling your current IAP Certificate, you will be issued with a notification of the cancellation, and the relevant vehicle will no longer be compliant with the conditions of the relevant permit or notice.

Section 1

Registered Owner Details

The registered owner of the vehicle(s). The ABN/ACN should match trading details as per ASIC registration.

Registered owner name

Company name

Australian Business Number (ABN)

Australian Company Number (ACN) (not required for individuals)

Postal address

State

Postcode

Section 2

Transport Operator Details

The interim IAC must be issued in the name of the Transport Operator that has signed the IAP-SP Agreement with the IAP-SP.

The Transport Operator is the entity that is responsible for controlling or directing the operations of the vehicle and may or may not be the same as the registered owner.

Transport operator's name (must be company or individual)

Australian Business Number (ABN)

Australian Company Number (ACN) (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

Section 3

Contact Person's Details

Full name		Title/position
<input type="text"/>		<input type="text"/>
Phone number	Mobile number	Email address (required so that an IAC can be established with your Service Provider)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 4

Application Type

Note: For more information on IAP, visit the [NHVR IAP webpage](#).

New IAP Enrolment Amend details on existing IAP Certificate/s Cancel IAP Certificate/s

IAP Service Provider (IAP-SP) name (mandatory for all application types)	IAC Identifier Number (required for amendments only)
<input type="text"/>	<input type="text"/>

(For multiple vehicles, please write 'as per vehicle schedule' and nominate vehicles and IAC Identifier numbers in Section 6. Please note that amendments will result in cancellation of the current enrolment and re-enrolment with updated details.)

Associated Access Details

NHVR Gazette Notice Name/Number (if applicable)	NHVR Access Permit/Case Number (if applicable)
<input type="text"/>	<input type="text"/>

Section 5

Reason for Amendment or Cancellation

Select Telematics Scheme

This application relates to:

NSW

Higher Mass Limits (HML) (please specify)

A-double (Type 1)	B-double	B-triple (modular)
AB-triple	B-triple	Short combination (standard 6 axle semi-trailer)

PBS (please specify)

Level 1 (HML)	Level 2B (GML)	Level 3A (GML)	Level 4A (GML)
Level 2A (HML)	Level 2B (HML)	Level 3A (HML)	Level 4A (HML)

NHVR Vehicle Approval Number
(PBS applications must have NHVR Vehicle Approval attached to proceed)

Special Purpose Vehicles (please specify)

Note: It is mandatory a current (not older than 14 days) supervised split weighbridge certificate is provided for all NSW SPV applications.

SPV Level 1	SPV Level 4	SPV 55t
SPV Level 2	SPV Level 4 (12t per axle)	SPV Level 6
SPV Level 3	SPV Level 5	SPV Alternate Configuration

(All-terrain cranes up to five axles and crane and dolly combinations may be eligible for the Alternate Configuration scheme. The all-terrain crane or crane and dolly combination must be validly registered in the largest dimension and heaviest total mass. Please note that if Alternate Configuration has been selected, NHVR will contact you to process this application.)

QLD

Special Purpose Vehicles (Please refer to Authority to Operate)

SPV Category 1 (SPV_QLD_C1)
 SPV Category 2 (SPV_QLD_C2)
 SPV Category 3 (SPV_QLD_C3)

VIC

Performance Based Standards (HPFV)*

NHVR Vehicle Approval Number
 *(PBS/HPFV applications must have NHVR Vehicle Approval attached to proceed)

Mobile Crane (please specify)

40t SPV (3 Axle Mobile Crane & 4 Axle Truck Based Crane & Concrete Pump Trucks)
 48t Mobile Crane (4 Axle)

60t Mobile Crane (5 Axle)*
 60t+ Mobile Crane*

Section 8

Sign and return to

Send completed applications and supporting information by Email or Mail to the details listed below.

Email IAP.compliance@nhvr.gov.au

NHVR contact details

www.nhvr.gov.au

E info@nhvr.gov.au

P 13 NHVR (13 64 87)*

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

Standard 1300 call charges apply. Please check with your phone service provider.

NHVR, PO Box 492 Fortitude Valley Qld 4006

Section 9

Office use only

Date received

IAC Scheme

Officers name

Signature

Date signed

IAP Certificate Change/Cancellation

Change/cancellation date

Comments/further information

Responsible person's name

Responsible person's signature

Date signed