

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 <u>nhvr.gov.au/roadaccess/access-management/intelligent-access-program-iap</u>

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 re	quired for individu	als)
Postal address		State	Postcode
1		11	11

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
Phone number	Mobile number	Email address (required so that an IAC can be established with your Service Provider)

Section 4

Application Type

Note: For more information on IAP, visit the <u>NHVR IAP webpage</u>.

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

IAP Service Provider (IAP-SP) name (mandatory for all application types)	IAC Identifier Number (required for amendments only)
	Cldentifier 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)

Section 5

Select Telematics Scheme

This application relates to:

NSW

Higher Mass Limits (HM	L) (please specify)			
A-double (Type 1)	B-double	B-triple (modular))	
◯ AB-triple	◯ B-triple	O Short combinatio	n (standard 6 axle semi-trailer)	
PBS (please specify)	C Level 2B (GML)	C Level 3A (GML)	\sim	NHVR Vehicle Approval Number (PBS applications must have NHVR Vehicle Approval attached to proceed)
C Level 2A (HML)	C Level 2B (HML)	C Level 3A (HML)	C Level 4A (HML)	
Special Purpose Vehicle Note: It is mandatory a c		14 days) supervised sp	lit weighbridge certificat	e is provided for all NSW SPV applications.
SPV Level 1	O SPV Level 4		Level 6	
SPV Level 2	SPV Level 4 (12t	(All-teri Alterna validly i	te Configuration scheme. The a registered in the largest dimensi	crane and dolly combinations may be eligible for the II-terrain crane or crane and dolly combination must be on and heaviest total mass. Please note that if Alternate R will contact you to process this application.)
QLD				
Special Purpose Vehicle	S (Please refer to NHVR Au	thorisation Permit)		
◯ SPV Category 1 (SP	V_QLD_C1)			
◯ SPV Category 2 (SP	V_QLD_C2)			
SPV Category 3 (SP	V_QLD_C3)			
VIC		_		
Performance Based Sta	ndards (HPFV)*	Mobile Crane (please s	,	
NHVR Vehicle Approval *(PBS/HPFV applications must		O 40t SPV (3 Axle Based Crane & (Mobile Crane & 4 Axle [®] Concrete Pump Trucks)	Truck 60t Mobile Crane (5 Axle)*
Vehicle Approval attached to p		48t Mobile Cran		○ 60t+ Mobile Crane*



Section 6

Vehicle Details

Please use caps letter and provide all details for all vehicle this application applies to.

Vehicle Registration Number	Registration State	Vehicle Identification Number (VIN)	Or Chassis Number	IAC Identifier (for amendment/cancellation

Section 7

Application Declaration

I hereby declare that all details provided in this application are true and correct. Knowingly making a false statement to the Regulator may attract significant penalties under section 701 of the *Heavy Vehicle National Law*. I note that these details may be verified and validated against the records maintained by road authorities in Australia.

I authorise other road authorities to disclose to the Regulator any information held about me as an operator that is of a personal nature or that has commercial sensitivity for the purpose of verifying information provided in conjunction with the notice to operate within the IAP. The Regulator may verify the details by cross referencing them against various databases.

Full name	Title/position

Privacy Statement

The Regulator is collecting your personal information to process this application to register a vehicle/s to operate within the IAP, as required under the *Heavy Vehicle National Law Act*. We are authorised under this Act to collect information we reasonably require to process your application. We may disclose protected information contained in your application for the purposes set out in section 727 of the Act to an entity (including a private or public sector entity) identified in that section. This can include disclosure to an authorised employee or agent of the entity. We may disclose protected information to a law enforcement agency, including a service provider authorised to enforce the *Heavy Vehicle National Law* nationally.

A police agency may disclose protected information disclosed to or otherwise held by it to another police agency authorised to hold protected information.

Signature	Date signed (if providing an electronic signature)		
	I accept the electronic signature has the same status as a signed signature.		



Section 8

Sign and return to

Send completed applications and supporting information by Email or Mail to the details listed below. Email <u>IAP.compliance@nhvr.gov.au</u>

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 Cha	ange/Cancellation		
Change/cancellation d	late		
Comments/further info	ormation		
Responsible person's r	name	Responsible person's signature	Date signed
1			