

Approved Heavy Haulage Operator Scheme Application/Authorised Signatory Replacement



FAX TO: (07) 3832 4984

New application Go to Question One Authorised signatory replacement AHHO number Now go to Question Four

1. Business details

Trading name (for organisations)		Full name (for individuals)	
<input type="text"/>		<input type="text"/>	
Customer Reference Number (CRN)	Australian Company Number (ACN)	State Business Number (BN)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Business address			Postcode
<input type="text"/>			<input type="text"/>
Postal address			
<input type="text"/>			Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone number	Fax number	Mobile number	After hours number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Business contact details

Family name		Given name/s	
<input type="text"/>		<input type="text"/>	
Position title	Telephone number	Mobile number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email address			
<input type="text"/>			

3. Depot of operation (if different from one)

Street address			Postcode
<input type="text"/>			<input type="text"/>
Postal address			
<input type="text"/>			Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone number	Fax number	Mobile number	After hours number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Authorised Signatories - Please list persons authorised to sign application on the company's behalf.

Authorised signatory name and position	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Authorised signatory name and position	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Authorised signatory name and position	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

5. Declaration

I/We certify that the information provided in this application is true and correct.

Name and position	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

Office use only

A.H.H.O. membership number	Approver name	Date approved
<input type="text"/>	<input type="text"/>	<input type="text"/>

Corporate Forms Area
Form F4041
V01 May 2012

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