Government of South Australia

Department of Planning, Transport and Infrastructure

FORM B
Application for a Permit

(For a Vehicle to Exceed the Statutory Mass and / or Dimension Limits)

LODGEMENT INFORMATION for DPTI - Vehicle Permits

On-line Permit Lodgement: www.ezyreg.sa.gov.au

In Person: Department of Planning, Transport and Infrastructure
Kateena Street, Regency Park SA 5010

By Post: DPTI - Vehicle Permits, PO Box 2526 Regency Park SA 5942

Facsimile: (08) 8348 9551 or (08) 8348 9556

Enquiries and Information:

Telephone: 1300 882 249
Email: dpti.vehiclepermits@sa.gov.au
Website: www.sa.gov.au/heavyvehicles

ABN: 92 366 288 135

MR449 11/11

Important Notes (Please read prior to completing this application)

- Incomplete or false information will render this application void.
- Only one lead vehicle per application can be processed.
- Name of vehicle owner must be the same as that which appears on the vehicle registration certificate.
- For this application to be processed it is mandatory that the vehicle/s have been assessed, listed and approved by the vehicle permit team. (Refer to the application Form A - Permit Vehicle Listing Application).
- Application forms must be accompanied by payment

SECTION A - PERMIT TYPE (*Please place a cross ☒ in the appropriate box*)

☐ Over Dimensional ☐ B/Double ☐ B/Triple ☐ Export Permits
☐ Excess Mass ☐ Road Train ☐ A/B Double Road Train ☐ MAD/MAP
☐ Mass & Over Dimensional ☐ Converter Dolly ☐ 2AB Road Train ☐ Rigid Truck & Trailer
☐ Performance Based Standard (PBS) Vehicle ☐ Mobile Crane ☐ Other (please describe below)

Other

SECTION B - ISSUE INSTRUCTIONS (*Please place a cross ☒ in the appropriate box*)

☐ Collection (from DTEI Regency Park ☐ Post (to address below) ☐ Fax (to number below) ☐ Email (to address below)

SECTION C - REGISTERED OWNER'S DETAILS (*Please use* **CAPITAL/BLOCK** *letters*)

SA Client Number *(Contact the Vehicle Permit Section if you require assistance in obtaining a Client Number)*

Registered Owner

Residential Address

Suburb State P/code

Postal Address IF DIFFERENT FROM ABOVE

Suburb State P/code

Contact Name

Contact Number ( ) Fax Number ( )

Email Address

SECTION D - LOADED DIMENSION DETAILS (*Please enter the overall dimensions for the vehicle combination, including the load*)

Dimensions: Width . m Length . m Height . m

Description of Load

SECTION E - TRAVEL DETAILS

Permit Required From: DD - MM - YY to DD - MM - YY Departure Time: HH : MM ☐ AM ☐ PM

Is night time travel required? ☐ Yes ☐ No Is convoy travel required? ☐ Yes ☐ No

SECTION F - CLEARANCE

(*If your permit requires Authority clearance/s, please place a cross ☒ in all required boxes and attach all clearances to this application*)

☐ ETSA ☐ Australian Rail Track Corp Ltd ☐ Public Transport Services ☐ Council
☐ Optus ☐ Genesee & Wyoming Aust P/L (ARG) ☐ Telstra ☐ Other

SECTION G - VEHICLE DETAILS AND MASS DECLARATION

Unit	Make	Type	Registration	
			State	Number
1				
2				
3				
4				

Does this Permit Relate to Excess Mass Operation? ☐ **Yes:** Please complete all details below ☐ **No:** Please complete **Sections H, I & J**

Unit Number	Axle	Distance to next forward axle	Overall ground contact width	Total mass on each axle or axle group in tonnes (t)
(Please place order of vehicle units as listed above in Section G)				
1	1	. m	. m	. t
	2	. m	. m	. t
	3	. m	. m	. t
	4	. m	. m	. t
	5	. m	. m	. t
	6	. m	. m	. t
	7	. m	. m	. t
	8	. m	. m	. t
	9	. m	. m	. t
	10	. m	. m	. t
	11	. m	. m	. t
	12	. m	. m	. t
	13	. m	. m	. t
			Total Unladen Mass	. t
			Gross Mass of Vehicle and Load	. t

Notes:

- *Distance to the next forward axle is measured from centre of axle to centre of axle*
- *'Overall ground contact width of axle' is the distance between outermost ground contact point of the outside tyres of each axle*
- *All measurements and mass figures must be specified in metres and tonnes to two decimal places (e.g. 1.32m or 17.25t)*
- *If the vehicle has more than 13 rows of wheels, enter details on a separate sheet and attach to this application*

SECTION H - PROPOSED ROUTE DETAILS (*Please attach a separate sheet if insufficient space*)

Journey: From: To:

SECTION I - DECLARATION

I declare that:

1. All of the information contained on this application is true and correct.
2. The information contained in this application may be disclosed or used for any investigations in accordance with the *Road Traffic Act 1961*.
3. I understand that additional charges may be incurred should DPTI need to undertake activities such as route survey, bridge assessments, load inspection, etc. to determine this application.

Signature of operator or authorised agent

D D - M M - Y Y

Date

SECTION J - PAYMENT ADVICE

If you do not have a credit card, you must attach the fee to this application

Please charge the fee for this application to my:

☐ Mastercard ☐ VISA ☐ Cheque Attached

Credit Card No.

Expiry Date M M - Y Y

CVV *(from rear of card)*

Cardholder Name

Signature of Cardholder