



ABN 61 760 960 480

B-Double or Higher Mass Limit Permit Application

Please complete the relevant sections of this form and sign below. Please print clearly in ink using BLOCK letters. If any part of this form is incomplete it cannot be processed.

Important: a fee equivalent to the permit application fee may be charged for amendments to existing permits. A receipt will not be forwarded unless specifically requested by the applicant.

Please return permit by Post Facsimile

Permit Number										
Current Permit Number										
Date Permit Required by	D	D	M	M	Y	Y	Y	Y		
Date Permit Required until	D	D	M	M	Y	Y	Y	Y		

Please fill in date requirements above

Applicant Details

Surname					Given Name(s)				
Registered Operator/Owner									
Home (or company) Address									
Postal Address							Postcode		
Telephone					Facsimile				

Vehicle Details *(please cross all circles that apply)*

- B-Double Yes No Single Semi Higher Mass
 Higher Mass Limits Yes No

Vehicle Make					GCM					
Vehicle Registration Number					State		Number of Axles		Number of Tyres	

Load Details *(size of article proposed to be carried)*

Description									
Maximum Gross Mass Required (kg)					Maximum Overall Length:				

Travel and Route Details *(please attach council approval to travel on local council roads)*

Route Description									

All the information provided is true and correct.
 Any information given or document submitted in connection with this application, or a copy of this application, may be disclosed or used for investigation, law enforcement and other purposes in accordance with the Road Safety Act.

Signature of Applicant									
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Payment Details *(if you do not have a credit card or VicRoads Credit Account Number you must attach the fee to this application)*

I agree to pay for any route survey or load inspection carried out by VicRoads to determine this application.

Please charge the permit/escort/route/survey inspection fee to my Bankcard Mastercard Visa VicRoads Credit Account Number

Credit Card No.					VicRoads Credit No.				
Name of Cardholder					Date of Expiry				
					M M Y Y Y Y				
Signature of Cardholder					Invoice Number				