

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

- Mobile Crane
- Concrete Pump
- Fire Engine
- Drilling Rig
- APC
- Other (specify)

Yes No IAP

Yes No Load Sharing Suspension

Vehicle Make					Model				
Vehicle Registration Number				State	Number of Axles		Number of Tyres		
Dolly/Jinker Registration Number (if used)				State	Number of Axles		Number of Tyres		
Rear Overhang (m)				Removed Parts (counter weight)					
Forward Projection (m) (from centre of steering wheel?)									

Vehicle Dimensions

Width (m)		Length (m)			Height (m)		Mass (kg)		
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Using the diagram below, please provide the following details (attach alternative sketch if necessary).

Tyres per Axles (insert in circles)	○	○	○	○	○	○	○	○	○
Distances between Axle Centres	+	+	+	+	+	+	+	+	+
Gross Mass of Each Axle Group									
Tyre Sizes and Ply Ratings									
Overall Width of Each Axle Group									

Travel and Route Details (please indicate departure and destination exact addresses and the preferred route taken)

Number of Trips		From		<i>Melways/VCD Map Reference</i>	
To					
Additional Information (special travel times, preferred route, previous permit number)					

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				
Signature of Cardholder					Invoice Number				