

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

Low Loader Other (please specify)

Vehicle Make																GCM																						
Vehicle Registration Number																					State						Number of Axles						Number of Tyres					
Dolly/Jinker Registration Number (if used)																					State						Number of Axles						Number of Tyres					
Trailer Registration Number (if used)																					State						Number of Axles						Number of Tyres					
Tyres per Axles (insert in circles)	STEER <input type="radio"/> DRIVE <input type="radio"/> DOLLY <input type="radio"/> TRAILER <input type="radio"/>																																					
Distances between Axles																					+	+	+	+	+	+	+	+	+	+								
Total Tare Mass																																						
Gross Mass of Each Axle Group																																						
Tyre Sizes and Ply Ratings																																						
Overall Width of Each Axle Group																																						

Load Details (size of article proposed to be carried)

Description																			
Width (m)					Length (m)					Height (m)					Mass (kg)				

Overall Dimensions of Vehicle and Load

Dimensions of Empty Vehicle

Width (m)					Length (m)					Height (m)					Mass (kg)					Width (m)					Length (m)				
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Travel and Route Details (please indicate departure and destination exact addresses and the preferred route taken – please attach a separate sheet)

Number of Trips															From					<i>Melways/VCD Map Reference</i>									
To																													
If crossing the Victorian border, please name the town where you are crossing																													

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				