

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.

For dimensions exceeding 5 metres wide, 5 metres high, and/or 36 metres long, a plan of the load must be submitted.

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 Rigid Vehicle House Float Semi-Trailer Step Deck Semi-Trailer Extended Semi-Trailer Jinker

| | | | | | | | | | | | | | | | | | | | |
|---------------------------------------|--|--|--|--|--|--|--|--|--|-------|--|-----------------|--|--|--|-----------------|--|--|--|
| Vehicle Make | | | | | | | | | | GCM | | | | | | | | | |
| Vehicle Registration Number | | | | | | | | | | State | | Number of Axles | | | | Number of Tyres | | | |
| Trailer or Jinker Registration Number | | | | | | | | | | State | | Number of Axles | | | | Number of Tyres | | | |

Load Details (size of article proposed to be carried)

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

Overall Dimensions of Vehicle and Load

| | | | | | | | | | | | | | | | | | | | |
|-----------|--|--|--|--|------------|--|--|--|--|------------|--|--|--|--|-----------|--|--|--|--|
| Width (m) | | | | | Length (m) | | | | | Height (m) | | | | | Mass (kg) | | | | |
|-----------|--|--|--|--|------------|--|--|--|--|------------|--|--|--|--|-----------|--|--|--|--|

Dimensions of Empty Vehicle

| | | | | | | | | | |
|-----------|--|--|--|--|------------|--|--|--|--|
| Width (m) | | | | | Length (m) | | | | |
|-----------|--|--|--|--|------------|--|--|--|--|

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 | | | | | | | | | | | | | | | | | | | | | | | | |
| If crossing the Victorian border, please name the town where you are crossing | | | | | | | | | | | | | | | | | | | | | | | | |
| 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.

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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Signature of Applicant  | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

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

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|---|--|--|--|--|--|--|--|--|--|---------------------|--|--|--|--|--|--|--|--|--|
| Credit Card No. | | | | | | | | | | VicRoads Credit No. | | | | | | | | | |
| Name of Cardholder | | | | | | | | | | Date of Expiry | | | | | | | | | |
| Signature of Cardholder  | | | | | | | | | | Invoice Number | | | | | | | | | |