

OFFICE USE ONLY	
Date & Time	<input type="text"/>
Employee No.	<input type="text"/>
Approved	<input type="checkbox"/> Yes <input type="checkbox"/> No
TRIM File #	<input type="text"/>

Application to List or Update Vehicle or Trailer Information

Motor vehicles and trailers that operate under a permit in Western Australia must be registered with Main Roads WA. In order to register vehicles and trailers you must be a registered Operator. If you do not have an Operator Number, please complete the Restricted Access Vehicle Operator and WA Heavy Vehicle Accreditation Registration Form available on our website www.mainroads.wa.gov.au/heavyvehicles.

A separate form must be completed for each motor vehicle and trailer in your fleet.

A copy of the Vehicle Registration Paper must accompany this application.

Operator Number

Operator Name

Vehicle Owner Details (Please tick type of owner and complete adjacent details)

Individual

Family Name First Name

Other Name

Company

Name

ACN Number

Government, Non-profit or Charity

Name

ABN Number

Vehicle Details (Specify the details as shown on the vehicle registration document)

Registration No. State of Registration

VIN/Chassis No.

Engine No.

Vehicle Classification (please tick one option only)

Motor Vehicle **Or** Trailer

Year of Manufacture Total Number of Axles

Make

Model Body Type
(e.g. prime mover,

Add this vehicle to my personal endorsement (please provide endorsement number) Endorsement Number

Email completed forms to: permit.applications@mainroads.wa.gov.au or fax to (08) 9311 8455

Vehicle Mass Details

Gross Combination Mass (GCM) (kg) <small>(Motor Vehicle Only)</small>	<input type="text"/>	Gross Vehicle Mass (GVM) (kg)	<input type="text"/>
Tare (kg)	<input type="text"/>	Gross Trailer Mass (GTM) (kg)	<input type="text"/>

Please note: Supporting evidence demonstrating that the declared vehicle's ratings have been appropriately certified may be checked during Main Roads audits or on-road vehicle inspections.

Vehicle Axle Details

<input type="checkbox"/> Prime Mover	Steer	Drive
Tyres per Axle	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>
Manufacturer's Axle Group Rating (kgs)	_____	_____

Or

<input type="checkbox"/> Dolly/Trailer / Platform
Tyres per Axle
Manufacturer's Axle Group Rating (kgs)

Contact Details

Family Name	<input type="text"/>	First Name	<input type="text"/>
Position	<input type="text"/>		
Phone Number	<input type="text"/>	Fax Number	<input type="text"/>
Email	<input type="text"/>		

Attached Supporting Documentation

Please tick and attach the below documentation in support of this application.

Copy of Vehicle Registration Document

Authority and Declaration

I declare that all information provided in this application is true and correct. I understand that if I have failed to disclose any relevant information or if any information that I have provided is found to be false or misleading, any exemption granted as a result of this application may be deemed invalid.

Applicant Signature	_____	Date	_____
Applicant Name <small>(Please print)</small>	_____		