

**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"/>

# Restricted Access Vehicle Operator and WA Heavy Vehicle Accreditation Registration Form

To operate a Restricted Access Vehicle (RAV) in Western Australia, you must register as an operator with Main Roads WA and, depending on which permit you have, you may require WA Heavy Vehicle Accreditation.

Only legal entities are able to register as a RAV Operator. Copies of proof of identity for each legal entity (an Individual, Company, Government agency, Not for Profit or Charity) and any Registered Business Name(s) associated with the legal entity must be supplied with this application. Do not attach original documents.

In addition to a legal entity, the operator may nominate to display a Registered Business Name related to the legal entity on a permit and their Certificate of Accreditation. A Registered Business Name must be one that is registered in the State of Western Australia, conducting business in this State and is different to the legal entity name.

**What do you want to do?** (Please tick only one option)

- I want to register as a new RAV Operator  I am updating my operator or Accreditation details

Operator Number

**Operator Type and Details** (Please tick only one option)

**Individual**

Family Name	<input type="text"/>	First Name	<input type="text"/>
Other Name	<input type="text"/>	Date of Birth (Optional)	<input type="text"/>
Driver's License Number	<input type="text"/>	Passport Number	<input type="text"/>
Australian Business Number (ABN)	<input type="text"/>		

**Company**

Name	<input type="text"/>		
Australian Certified Number (ACN)	<input type="text"/>		

**Government, not for profit or charity**

Name	<input type="text"/>		
Australian Business Number (ABN)	<input type="text"/>		

**Operator Contact Details**

Physical Address   
(Cannot be a PO Box address)

Suburb  State  Post Code

Postal Address   
(If the same as physical address write "As Above")

Suburb  State  Post Code

Phone Number  Fax Number  Mobile Number

Email

**Preferred Method of Contact**

<b>Accreditation</b>	<input type="checkbox"/> Email	<input type="checkbox"/> Fax	<input type="checkbox"/> Post	<input type="checkbox"/> Collection
<b>Permits</b>	<input type="checkbox"/> Email	<input type="checkbox"/> Fax	<input type="checkbox"/> Post	<input type="checkbox"/> Collection

**Registered Business Name** (If you would like to display a registered business on your permits, please provide the details below)

WA Registered Business Name

RBN Number

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

**Heavy Vehicle Operations Main Roads WA**

PO Box 374 | WELSHPOOL DC | WA 6986 | Telephone (08) 9311 8450 | Fax (08) 9311 8455

[www.mainroads.wa.gov.au/heavyvehicles](http://www.mainroads.wa.gov.au/heavyvehicles)

**Registered Business Contact Details** (if applicable)

Physical Address (Cannot be a PO Box address)

Suburb  State  Post Code

Postal Address (If the same as physical address write "As Above")

Suburb  State  Post Code

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Phone Number  Fax Number  Mobile Number

Email

**Your Details** (Applicant completing this form - if not previously provided)

Family Name  First Name

Date of Birth (Optional)  Position

Physical Address (Cannot be a PO Box address)

Suburb  State  Post Code

Postal Address (If the same as physical address write "As Above")

Suburb  State  Post Code

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Phone Number  Fax Number  Mobile Number

Email

**Western Australian Heavy Vehicle Accreditation**

As a condition of a permit, operators may be required to hold a current Western Australian Heavy Vehicle Accreditation (WAHVA) Certificate. Where required to hold an Accreditation Certificate, the operator nominated in this application must be aware of the requirements under the WAHVA Business Rules available from [www.mainroads.wa.gov.au](http://www.mainroads.wa.gov.au).

I require Accreditation       I am voluntarily participating in Accreditation       I do not require Accreditation

**Accreditation Modules Required**

(Please discuss which modules you require with your auditor and tick and attach records as required)

- Fatigue
- Maintenance
- Load Management

Auditor Approved	Initials	Compliant	Office Use Only MR Initials	Actions
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>

**Supporting Documentation** (Please tick the documentation to be included with this application.)

**Legal Entity Status**

- Individual** (Please select one)  Passport       Driver's License       Birth Certificate
- Gov/Charity/Non-Profit**  ABN Certificate
- Company**  Company Certificate
- Businesses**  RBN Certificate

**Accreditation Records**

- Fatigue
- Maintenance
- Load Management

**Authority and Declaration**

I hereby acknowledge that all details in this registration form are true and correct and I agree to operate vehicles in accordance with any requirements applicable to holding WA Heavy Vehicle Accreditation. I also acknowledge that I will abide by any terms and conditions of any notice or permit, or any other law or statute, under which I may be operating a Restricted Access Vehicle. I declare that I hold a position within the organisation that is authorised to submit this registration form.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant Name \_\_\_\_\_ Applicant Position \_\_\_\_\_