



MAIN ROADS WESTERN AUSTRALIA
Road Network Services
Heavy Vehicle Operations

OFFICE ADDRESS: 70 Pilbara Street
 WELSHPOOL WA 6106
 Telephone: (08) 9311 8450
 Facsimile: (08) 9311 8455
 Email: hvo@mainroads.wa.gov.au
 Web: www.mainroads.wa.gov.au

POSTAL ADDRESS: PO Box 374
 WELSHPOOL WA 6986

| OFFICE USE ONLY | |
|-----------------|--|
| Date Lodged | |
| Officer | Employee No. |
| Approved | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Operator ID | |
| TRIM File # | |
| Entered RAVS | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Application to Register as a RAV Operator and/ or WA Accreditation

A separate application is required for each Operator Account required.
 A separate application is required for each separate Registered Business for an Operator Account

| Section 1 | Operator Details: (please cross ☒) ➔ (Details of the operator requesting the account) | | Individual: <input type="checkbox"/> (COMPLETE 1A,1B, 1E, 2-6) | Company: <input type="checkbox"/> (COMPLETE 1A, 1C 1E, 2-6) | Government: <input type="checkbox"/> (COMPLETE 1A, 1C, 1E, 2-6) |
|--|--|--|---|--|--|
| 1A | Apply to Register as a RAV Operator: | Yes <input type="checkbox"/> No <input type="checkbox"/> | Apply for WAHV Accreditation: | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 1B Individual Details: | Family Name: | First Name | Other Name | DOB | |
| | Address: | | State: | P/C: | |
| | Telephone: | Fax: | Mobile: | | |
| | Email: | | | | |
| 1C Company Or Government Agency Details: | Name: | | ACN for Companies: ABN for Government:: | | |
| | Address: | | State: | P/C: | |
| | Telephone: | Fax: | Mobile: | | |
| | Email: | | | | |
| 1D Registered Business Details: (re over leaf) | Name: | | RBN: | | |
| | Address: | | State: | P/C: | |
| | Telephone: | Fax: | Mobile: | | |
| | Email: | | | | |
| 1E Main Contact Details: Tell us who will be the first point of contact | Family Name: | First Name | Other Name | DOB | |
| | Position | | | | |
| | Address: | | State: | P/C: | |
| | Telephone: | Fax: | Mobile: | | |
| | Email: | | | | |

| Section 2 | Accreditation Information: (Please tick ☑ or Cross ☒ as required) | | | |
|------------------------|--|--------------------------|---------------------------------------|---|
| Accreditation Details: | Modules Required: | Records Attached: | Auditor Use Only Approved initials | Main Roads Use Only Compliant Y/N Actions |
| | <input type="checkbox"/> Fatigue | <input type="checkbox"/> | | |
| | <input type="checkbox"/> Maintenance | <input type="checkbox"/> | | |
| | <input type="checkbox"/> Load Management | <input type="checkbox"/> | | |

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|------------------|---|------------------------------------|---------------------------------|----------------------------------|
| Section 3 | Preferred Document Service Method: | | | |
| Accreditation | <input type="checkbox"/> Email | <input type="checkbox"/> Facsimile | <input type="checkbox"/> Postal | <input type="checkbox"/> Pick-up |
| Permits | <input type="checkbox"/> Email | <input type="checkbox"/> Facsimile | <input type="checkbox"/> Postal | <input type="checkbox"/> Pick-up |

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|---------------------|---|------------|------------|------|
| Section 4 | Your Details: (The applicant completing this form) | | | |
| Individual Details: | Family Name: | First Name | Other Name | DOB |
| | Address: | | State: | P/C: |
| | Telephone: | Fax: | Mobile: | |
| | Email: | | | |

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| Section 5 | General Notice |
| <p>Before being issued a permit, you must first register as an Operator. Main Roads will only accept applications from legal entities being an Individual, Company or Government Agency. The applicant must complete a separate form for each legal entity intending to operate a Restricted Access Vehicle. In addition to a legal entity, the operator may nominate to display a Registered Business related to the legal entity on a permit. Should the operator wish to display a Registered Business, the applicant must complete a separate form for each business related to the legal entity.</p> <p>You must also provide proof of identity for each legal entity and for any Registered Business associated with a legal entity. Forms of acceptable identification include;</p> <p>LEGAL ENTITIES:</p> <p>Individuals ➔ Passport or Motor Driver Licence or Full Birth Certificate (extracts not accepted). Companies ➔ Company Certificate issued by Australian Securities and Investment Commission. Government ➔ Australian Business Number (ABN) Certificate.</p> <p>NON LEGAL ENTITY FOR DISPLAY ON PERMIT:</p> <p>Business ➔ Registration of Business Name (RBN) Certificate issued by the State of Western Australia Note: Supply information about a Registered Business only if you wish to display this name on a permit in addition to the legal entity.</p> <p>Documents for proof of identity must be attached to this form and witnessed by a person authorised under the Oaths, Affidavits and Statutory Declarations Act 2005, Schedule 2, or an auditor with HVA or RABQSA qualifications. You must only supply a certified copy of the original document. DO NOT ATTACH ORIGINAL DOCUMENTS.</p> <p>In certain circumstances, the permit may require the operator to hold an accreditation certificate. Where required to hold an accreditation certificate, the operator nominated in this application must be aware of the requirements under the Western Australian Heavy Vehicle Accreditation (WAHVA) Business Rules.</p> | |

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| Section 6 | Authority & Declaration | |
| I hereby acknowledge that all details in this application are true and correct, and I agree to operate vehicles in accordance with any requirements applicable to holding WAHVA. 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. | Signed by Applicant: _____ | Signed by Witness: _____ |
| | Print name: _____ | Print name: _____ |
| | Position: _____ | Position: _____ |
| | Date: _____ | Date: _____ |

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| Section 7 | OFFICE USE ONLY – Evidence of Information Checks: | | | |
| Individual | MDL No | State | Passport Sighted <input type="checkbox"/> | Birth Certificate Sighted <input type="checkbox"/> |
| Company | Company Certificate Sighted <input type="checkbox"/> | NOTES: | | |
| Government | ABN Certificate Sighted <input type="checkbox"/> | | | |
| Businesses | RBN Certificate Sighted <input type="checkbox"/> | | | |