

# 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: [permit.applications@mainroads.wa.gov.au](mailto:permit.applications@mainroads.wa.gov.au)  
Web: [www.mainroads.wa.gov.au](http://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 #	

### Prime Mover, Trailer Combinations Period Permit

#### Section 1 Operator Details:

**Operators must have an Operator Number (OP) prior to permit application. If you do not have an Operator Number, please attach "Application to Register as a RAV Operator and/or Accreditation" form with this application.**

Operator Number	<b>O</b>	<b>P</b>							
Operator Name									
Business Name for display on permit									
Phone number:					Mobile number:				

#### Section 2 Vehicle Details:

**All vehicles must be registered with Main Roads. If this is the first time you have used this vehicle with Main Roads please attach the registration papers with this application**

Vehicle Registration Number (Prime Mover or Towing Vehicle)														STATE			
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#### Section 3 Payment Details

**Cost \$50.00**

**Valid for 3 years**

Receipt No:

MASTERCARD <input type="checkbox"/>	VISA <input type="checkbox"/>	CASH/CHEQUE <input type="checkbox"/>
CREDIT CARD NUMBER	3 DIGIT SECURITY CODE	
CARD HOLDER NAME:	CARD EXPIRY:	M M Y Y
SIGNATURE:	DATE:	

#### Section 4 Main Contact Details, Authority and 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.

Position:	DATE OF BIRTH	D	D	M	M	Y	Y	Y	Y
Family name:	First Name:	Other Name							
Address:	State:	P/C							
Telephone:	Fax:	Mobile:							
Email:									

**Please check that all fields on the form are completed to ensure prompt processing of your application**

Please refer to "Prime Mover, Trailer combinations period permit Operating Conditions" on our web-site, [www.mainroads.wa.gov.au](http://www.mainroads.wa.gov.au) to establish if the vehicle you wish to operate is covered by this permit.

Operators may need to be accredited. Please refer to "WAHVA Business Rules" on our web-site for further information.

Please ensure all details are legible, correct and up to date. You must notify this office in writing of any change to details within 24 hours. Failure to do so may result in any permit resulting from this application being cancelled without prior notice.

This permit is not available for periods less than 3 years unless issued on a temporary basis to gain Accreditation at which point a temporary permit may be issued.