


**Specified Journey (Single Trip) Permit  
Identical Alternate Vehicle Application**

This application form will only be processed if the alternate vehicle is identical to the current vehicle specified on the permit and the alternate vehicle is registered in MOVES. Both the Current Vehicle Details and New Vehicle Details must be completed for the vehicle being replaced. If the Single Trip Permit is for Oversize Only, only the Ground Contact Width is required under Axle Details. Your application may be rejected if there is missing or incorrect information. All weights must be in tonnes and dimensions in metres.

**Operator Details**

 Operator Number 
 Operator Name 

 Registered Business Name 

 Contact Name  Contact Phone Number 

 Email Address 
**Permit Details**

 Permit Number 
**Current Vehicle Details**
**Prime Mover / Rigid Vehicle**

 Vehicle Registration Number  Tare Weight 

 Gross Combination Mass (GCM)  Gross Vehicle Mass (GVM) 
**Axle Details**

 Steer Axles 

 Drive Axles 

 Number of Tyres per Axle 

 Axle Spacing 

 Ground Contact Width 

 Manufacturer's Axle Group Rating 
**Dolly**

 Vehicle Registration Number 

 Tare Weight 

 Gross Trailer Mass (GTM) 
**Axle Details**

 Number of Tyres per Axle 

 Axle Spacing 

 Ground Contact Width 

 Manufacturer's Axle Group Rating 
**Trailer**

 Vehicle Registration Number 

 Tare Weight 

 Gross Trailer Mass (GTM) 
**Axle Details**

 Number of Tyres per Axle 

 Axle Spacing 

 Ground Contact Width 

 Manufacturer's Axle Group Rating

## New Vehicle Details (all vehicles must be listed with Main Roads HVS)

### Prime Mover / Rigid Vehicle

Vehicle Registration Number

Tare Weight

Gross Combination Mass (GCM)

Gross Vehicle Mass (GVM)

#### Axle Details

Steer Axles

Drive Axles

Number of Tyres per Axle

Axle Spacing

Ground Contact Width

Manufacturer's Axle Group Rating

### Dolly

Vehicle Registration Number

Tare Weight

Gross Trailer Mass (GTM)

#### Axle Details

Number of Tyres per Axle

Axle Spacing

Ground Contact Width

Manufacturer's Axle Group Rating

### Trailer

Vehicle Registration Number

Tare Weight

Gross Trailer Mass (GTM)

#### Axle Details

Number of Tyres per Axle

Axle Spacing

Ground Contact Width

Manufacturer's Axle Group Rating

## Period Permits

This section must be completed if the permit is approved to operate in conjunction with a Period Permit

Previous Period Permit Number:

New Period Permit Number:

## Declaration

I declare that the vehicle(s) are sufficiently rated for this application and 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 modification granted as a result of this application may be deemed invalid.

Name

Signature

Date