



Prior to submitting your application, refer to Main Roads [Traffic Escort Services Head Agreement](#), [Policy & Process for the Provision of Traffic Escort Services](#), and [Traffic Escort Services Fees Schedule](#).

Operator Details

Operator Number **Operator Name**
(Leave blank if new applicant)

Registered Business Name

Reference ID (where Applicable) **Business Email Address**
We will send a confirmation to this email after submission

Current Escort Booking Details

Booking Number **Load Description**

Departure From **Arrival To**

Cancellation of Booking

Please go to the bottom of page 2 and complete the Declaration

If the Client cancels the services for any reason within 14 days of the time the services are to be provided, then Main Roads will retain the full fee paid by the Client, unless another movement can be allocated to the TEW for the same period.

If the Client cancels the services for any reason within 1 month and prior to 14 days of the time the services are to be provided, then Main Roads will charge a cancellation fee. Refer to the Main Roads [Traffic Escort Services Head Agreement](#), and [Policy & Process for the Provision of Traffic Escort Services](#) for further information.

Amendment to Booking

A booking which has not been paid for is considered a provisional booking and may not be amended until confirmed (paid).

Main Roads is not obligated to accept an amendment, however, will endeavour to process any requested amendment, provided the amendment request is submitted at least 14 days prior to the time the services are to be provided.

Refer to the Main Roads [Traffic Escort Services Head Agreement](#), and [Policy & Process for the Provision of Traffic Escort Services](#) for further information.

Do you have a Stand-By Traffic Escort Service Agreement?

Yes **Prepayment ID:**

No *Written evidence in the form of a letter or email from the Client's customer confirming you have been engaged by the Client's customer to transport the load requiring Traffic Escort Services as described in this application form must be attached when submitting this form.*

The evidence must include the following information:

- a) Name of Client's customer, including contact person and contact number;
- b) Name of transport operator engaged by the customer;
- c) Equipment to be transported;
- d) Date(s) required; and
- e) Start and end location

New Departure Date/Time

Preferred Departure Date **Departure Time**

Alternative Departure Date **Departure Time**

If dates are unavailable please schedule for next available: Prior to Preferred Date
(Please select one) After Preferred Date

Movement Time: Day Night Pilbara Pre-Dawn Perth Metro Pre-Dawn
 Perth Metro Half Day Perth Metro Full Day

New Load Details

Load Description

Make and Model **Mass of the Load (t)**

New Loaded Combination Dimensions

If travelling in convoy, please enter the largest combination dimensions that will be travelling in this booking

Total Length (metres) Total Width (metres) Total Height (metres)

New Travel and Route Details

Departing From: Latitude Longitude
 Street Address: Suburb: Postcode:

Requested Route Include all roads in sequence from start to end, separating each road with a comma.

Travelling To: Latitude Longitude
 Street Address: Suburb: Postcode:

Is an immediate return trip required? Yes No

Are multiple trips required? Yes No If yes, please list all route details in the route box

Is an immediate follow on move to another destination required? Yes No If yes, please list all route details in the route box

Travelling in Convoy: Yes No If Yes, how many in convoy:

New Movement Plan

Include the expected Start & End locations for each day of the journey.

Journey Day	Start Location	End Location	Comments
Day 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day 3	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day 4	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day 5	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day 6	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day 7	<input type="text"/>	<input type="text"/>	<input type="text"/>

Return Journey

Include the expected Start & End locations for each day of the journey. Include Return Journey only if accompanied by Traffic Escort Warden for that leg.

Journey Day	Start Location	End Location	Comments
Day 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day 3	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day 4	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day 5	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day 6	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day 7	<input type="text"/>	<input type="text"/>	<input type="text"/>

Declaration

I declare that the 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.

Signature _____ Applicant Name Date

Email completed form to: permit.applications@mainroads.wa.gov.au

Heavy Vehicle Services Main Roads WA

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