Specified Journey (Single Trip) Assessment Only

Operator Details

Operator Number Operator Name

Registered Business Name

Load Details

Load Description

Make and Model Mass of the Load only (t)

Plus or Minus Equipment

Travel and Route Details

Departing From

Street Address

Suburb Postcode Latitude & Longitude

Route
Include all roads and contraflow movements within the route in sequence from start to end separating each road with a comma. The full road name must be used, State and National Road numbers will not be accepted.

The most appropriate route must be used, which wherever possible should consist of State roads and Regional Distributor roads. Where a heavy vehicle bypass exists, this must be used, unless there is a physical constraint.

Travelling To

Street Address

Suburb Postcode Latitude & Longitude

Mass and Axle Details

Enter N/A where measurements are not applicable to your combination. All measurements must be in metres (m) or tonnes (t)

	Steer	Drive	Dolly	Trailer
Axle Groups				
Ground Contact Width				
Requested Mass				

Note that the total Requested Mass must be enough to cover the total weight of the Prime Mover, Dolly (if applicable) and Trailer.

Are any Axles Being Lifted? If Yes, which Axles?

Axle Spacings

All Axle Spacings must be between axles that are deployed onto the ground.

Towing Vehicle

Number of Tyres per Axle

Axle Spacing

Spacing from rearmost Drive Axle to first Dolly or Trailer Axle

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Dolly

Number of Tyres per Axle

Axle Spacing

Spacing from rearmost Dolly Axle to first Trailer Axle

Trailer

Number of Tyres per Axle

Axle Spacing

Platform Trailer

Number of Tyres per Axle Number of Axles Axle Spacings

Split Platform Trailer

Forward Section

Number of Tyres per Axle Number of Axles Axle Spacings

Requested Mass

Axle Spacing to Rear Section

Rear Section

Number of Tyres per Axle Number of Axles Axle Spacings

Requested Mass

Contact Details

Contact Name

Contact Phone Number Email Address

Declaration

I declare that the vehicle(s) are sufficiently rated for this assessment and all information provided in this assessment 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 assessment may be deemed invalid.

Name

Signature **Date**

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