Application to Amend Specified Journey (Single Trip) Permit

All fields marked with a * must be completed. If these fields are blank or incorrect your application may be rejected. Sections requiring an amendment should only be completed.

IMPORTANT: If your permit has expired at time of application you will need to submit a new single trip permit application.

Operator Details

Operator Number* Operator Name

Registered Business Name

Contact Name*

Contact Phone Number* Email Address*

Permit Details

Permit Number*

Reason(s) for Amendment*

- ☐ Request to change permit dates, please complete Section A
- ☐ Change in travel and route details, please complete Section D
- ☐ Change in vehicle details, please complete Section B
- ☐ Change in Loaded Combination Dimensions, please complete Section E
- ☐ Change in Load Details, please complete Section C
- ☐ Change in mass and/or axle details, please complete Section F

A. Request To Change Permit Dates

- ◯ Request for two week extension
- ◯ Request for four week extension
- ◯ Change to a new Traffic Escort Work Order New Work Order #
- ☐ I confirm no part of this journey has already been undertaken
- ☐ I confirm no extension has been previously requested

Reason for extension:

B. Vehicle Details

	Prime Mover / Rigid Vehicle	Dolly	Trailer / Platform
Vehicle Registration Number(s)			

	Steer Axle	Drive Axle	Dolly	Trailer
Ground Contact Width (m)				

Block Truck Registration Number(s)

Total Combination Length including Block Truck

Only complete this if you require the Block Truck for the duration of the journey due to insufficient GCM of the towing vehicle. If the Total Combination Length including the Block Truck exceeds 55m, an OSOM TMP will be required for the movement.

C. Load Details

Load Description

Make and Model

Mass of the Load only (t)

Plus or Minus Equipment

D. 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.

☐ **I understand that the route I have requested may change following assessment by HVS**

☐ **I confirm no part of this journey has already been undertaken**

Travelling To

Street Address

Suburb

Postcode

Latitude & Longitude

☐ Return Trip to be added

Reversing Manoeuvre
Detail any reversing manoeuvres being performed within this route. This includes exiting and entering arrival and departure locations.

Traffic Guidance Scheme (TGS) & Oversize Overmass Transport Management Plan (OSOM TMP)
Only TGS or an OSOM TMP that have been accepted by HVS for the purposes of facilitating this oversize movement or is part of the approved TGS available on our website will be accepted and must list the reference number provided. Please note that these are subject to review and may be revoked if found no longer suitable.
TGS & OSOM TMP Reference Number(s) applicable for this move

Loaded Combination Dimensions

Enter N/A where measurements are not applicable to your combination.

Total Length (m)

Rear Projection (m)

Rear Overhang (m)

Total Height (m)

Height When Raised (m)

Height When Lowered (m)

Total Width

Ground Clearance Normal

Ground Clearance Raised

Ground Clearance (m)

once width exceeds (m)

Mass and Axle Details

Enter N/A where measurements are not applicable to your combination.

	Steer	Drive	Dolly	Trailer
Axle Groups				
Requested Mass (t) *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 Group Spacings

Leave blank if a Rigid Vehicle. All Axle Spacings must be between axles that are deployed onto the ground

Rearmost Drive Axle to Forwardmost Trailer Axle

OR

Rearmost Drive Axle to Forwardmost Dolly Axle

& Rearmost Dolly Axle to Forwardmost Trailer Axle

Platform Trailer

Number of Axles Axle Spacings

Split Platform Trailer

Forward Section

Number of Axles Axle Spacings Requested Mass

Axle Spacing to Rear Section

Rear Section

Number of Axles Axle Spacings Requested Mass

Payment Options*

○ **Credit Card**
HVS will contact you when the permit is ready for payment, to pay by credit card you will require a MOVES account. If you do not already have a MOVES account, please refer to our website for further information about how to register.

○ **Electronic Funds Transfer (EFT)**
HVS will contact you when the permit is ready for payment.
Please note your permit will not be issued until the EFT payment has been confirmed.

○ **Cash or EFTPOS**
HVS will contact you when the permit is ready for payment.
Payment by cash or EFTPOS can be made Heavy Vehicle Services at 525 Great Eastern Highway, Redcliffe WA.

○ **Cheque**
Cheques can either be posted or paid directly to 525 Great Eastern Highway, Redcliffe WA.
Please note your permit will not be issued until the cheque has cleared.

Declaration

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

Name*

Signature* **Date***

Email completed form to permit.applications@mainroads.wa.gov.au
Heavy Vehicle Services Main Roads WA
PO Box 374 | WELSHPOOL DC | WA 6986 | Telephone 138 486
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