

Third Party Accreditation Authorisation Form

Accredited Operator Details

Operator Number	<input style="width: 95%;" type="text"/>	Operator Name	<input style="width: 95%;" type="text"/>		
Contact Name	<input style="width: 95%;" type="text"/>				
Registered Business Name	<input style="width: 95%;" type="text"/>				
Business Address	<input style="width: 95%;" type="text"/>				
Suburb	<input style="width: 80%;" type="text"/>	State	<input style="width: 15%;" type="text"/>	Postcode	<input style="width: 10%;" type="text"/>
Contact Phone Number	<input style="width: 80%;" type="text"/>	Contact Fax Number	<input style="width: 95%;" type="text"/>		
Mobile Phone Number	<input style="width: 80%;" type="text"/>	Email Address	<input style="width: 95%;" type="text"/>		

Accredited Operator Declaration

I, the Accredited Operator listed above, take full responsibility for the following Modules, vehicle(s) and driver(s) necessary to comply with the Western Australian Heavy Vehicle Accreditation Scheme Business Rules.

- Dimension and Loading
- Maintenance
- Fatigue Management
- Mass Management - *tick this box if operating under an AMMS Level 1, 2 or 3 permit.*

All Vehicle(s) Listed Below

Vehicle Registration Number	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

All Driver(s) Listed Below

Driver Name	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

I declare that the information on this form is true and correct. I understand that under the provisions of the Road Traffic (Administration) Act 2008, it is an offence to provide false or misleading information.

I will ensure that all appropriate records and documentation are kept for the above listed vehicle(s) and driver(s) to be produced at audit.

I acknowledge that this authorisation will remain in place until rescinded by our company in writing to Main Roads Heavy Vehicle Services.

I declare that I am the nominated contact person within the organisation that is authorised to submit this form.

Signature _____ Date