

In order to become an approved weighbridge site you must submit the following application for each weighbridge to Main Roads WA. The application must be accompanied by a valid Certificate of Verification from the National Measurement Institute (NMI).

Check the box to declare that the weighbridge can determine and record the gross mass of the vehicle and individual axle group weights.

Important: For a weighbridge to be approved on the AMMS Approved Weighbridge List it must be able to determine and record both:

1. the gross mass of the vehicle; **and**
2. individual axle group weights.

Registered Business Name	<input style="width: 100%;" type="text"/>		
Contact Name	<input style="width: 100%;" type="text"/>		
Contact Phone Number	<input style="width: 25%;" type="text"/>	Contact Fax Number	<input style="width: 25%;" type="text"/>
Mobile Phone Number	<input style="width: 100%;" type="text"/>		
Email Address	<input style="width: 100%;" type="text"/>		
Postal Address	<input style="width: 100%; height: 40px;" type="text"/>		

Weighbridge Details

Weighbridge Name	<input style="width: 100%;" type="text"/>
Location of Weighbridge (Address)	<input style="width: 100%; height: 40px;" type="text"/>

Weighbridge Type (i.e. Single Plate or Multi Plate)

Serial Number(s)

Weighbridge Type (i.e. Single Plate or Multi Plate)	Serial Number(s)
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Attached - Valid Certificate of Verification for the weighbridge (If this is not attached your request maybe delayed)

Declaration

I declare that all information provided in this application is true and correct. I declare that I hold a position within the organisation that is authorised to submit this application form.

Signature _____	Applicant Name <input style="width: 100%;" type="text"/>	Date <input style="width: 100%;" type="text"/>
-----------------	--	--

OFFICE USE ONLY	Employee No. <input style="width: 100%;" type="text"/>	Date <input style="width: 100%;" type="text"/>
------------------------	--	--

Email completed form to: hvsnetworkaccess@mainroads.wa.gov.au or fax to (08) 9475 8455

Heavy Vehicle Operations Main Roads WA

PO Box 374 | WELSHPOOL DC | WA 6986 | Telephone 138 486 | Fax (08) 9475 8455

www.mainroads.wa.gov.au