



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.

A Operator and Contact Details

Operator Number * Operator Name

Contact Name *

Contact Phone Number * Email Address *

B Permit Details

Permit Number *

C Reason(s) for Amendment *

- | | |
|--|--|
| <input type="checkbox"/> Request to extend permit, please complete section D. | <input type="checkbox"/> Change in loaded combination dimensions, please complete section G. |
| <input type="checkbox"/> Change in vehicle details, please complete section E. | <input type="checkbox"/> Change in travel and route details, please complete section H. |
| <input type="checkbox"/> Change in load details, please complete section F. | <input type="checkbox"/> Change in mass and/or axle details, please complete section I. |

D Request to extend Permit

- Request for two week extension. I confirm no part of this journey has already been undertaken

Reason for extension

E Vehicle Details

	Prime Mover / Rigid Vehicle	Dolly	Trailer / Platform
Vehicle Registration Number(s)	<input type="text"/>	<input type="text"/>	<input type="text"/>

	Steer Axle	Drive Axle	Dolly	Trailer
Ground Contact Width (m)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Block Truck (if required)	Block Truck Registration Number(s): <input type="text"/>	Combination Length including Block Truck (metres) <input type="text"/>
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F Load Details

Load Description

Make and Model Mass of the Load only (tonnes)

Plus or Minus Equipment:

G Loaded Combination Dimensions

Total Length (m) Forward Projection (m) Rear Projection (m) Rear Overhang (m)

Total Height (m) Height when Raised (m) Height when Lowered (m)

Total Width (m)

Ground Clearance Normal (m)

When raised (m) **OR** Ground clearance (m) once the width exceeds (m)

H Travel and Route Details

Departure Address

Departing From: Latitude Longitude

Street Address: Suburb: Postcode

Route

Include all roads and contraflow movements of the journey in sequence from start to end separating each road with a comma.
Note: If travelling on a freeway (including ramps) documentation from the worksite must accompany this application confirming the requirement for freeway access

Arrival Address

Travelling To: Latitude Longitude

Street Address: Suburb: Postcode

Return Trip

- Return Trip to be added
- I confirm no part of this journey has already been undertaken

Contraflow & Transport Management Plans

TMP or TGS Reference Number(s) applicable for this move:

If a Traffic Guidance Scheme (TGS) or OSOM Transport Management Plan (OSOM TMP) is required for this movement and has not been previously approved, please attached to this application. The TGS or OSOM TMP must be prepared by a person holding Main Roads accreditation in Advanced Worksite Traffic management (AWTM). If a TGS or OSOM TMP has been previously approved by HVS for the purposes of facilitating this oversize movement, or is part of the approved TGS available on our website, please list the reference number provided. Please note that previous approvals are subject to review and may be revoked if found no longer suitable.

I Mass and Axle Details

Axle Groups:	Steer Axle Group	Drive Axle Group	Dolly Axle Group	Trailer Axle Group
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Requested Mass (tonnes)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Tyres and Axle Spacings

Tyres per Axle (Only complete required axles)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Axle Spacing (m)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Platform Trailer Number of Axles Axle Spacings

Are any Axles being lifted? Yes No If Yes, which Axles?

J Payment Options *

Please indicate your preferred payment method by ticking the appropriate box.

Credit Card

- If you wish 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)

- If you wish to pay by 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

- If you wish to pay by cash or EFTPOS please visit Heavy Vehicle Services at 525 Great Eastern Highway, Redcliffe WA.

Cheque

- If you wish to pay by cheque please either post or pay directly to 525 Great Eastern Highway, Redcliffe WA. Please note your permit will not be issued until the cheque has cleared.

K Declaration

I declare that the vehicle(s) are sufficiently rated for this permit amendment 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.

Signature * Applicant Name * Date *

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

Heavy Vehicle Services Main Roads WA

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