

This form is to be completed when requesting certification of vehicles in the WA Performance Based Standard (PBS) Scheme. Certification must be undertaken and approved by Main Roads prior to requesting a PBS Permit.

For further information please refer to the *WA Performance Based Standards (PBS) Scheme Application and Approval Process* on the Main Roads Performance Based Standards webpage.

*To assist you in completing this form, please select one of the following options and complete the relevant sections.*

<input type="checkbox"/> This is the first certification and a vehicle inspection is required. <small>(Please ensure the full combination is available for the inspection including the prime mover.)</small>	<b>Complete all sections</b> <small>(Attach a completed <i>Manufacturers Declaration for the towing vehicle</i> and all supporting evidence listed in the <i>Trailer Manufacturers Checklist</i>.)</small>
<input type="checkbox"/> This is a subsequent certification and a vehicle inspection is <b>not</b> required.	<b>Complete sections A, B, C and E</b> <small>(Attach a completed <i>Manufacturers Declaration for Duplicate Vehicles</i>, a <i>Manufacturers Declaration</i> relevant to the vehicle being certified and all supporting evidence listed in the <i>Trailer Manufacturers Checklist</i> if applicable).</small>

## Section A - PBS Details

Provide the WA PBS Scheme Application Reference Number and/or the Vehicle Design Number	<b>PBS Application Reference Number:</b> <span style="color: blue;">MRWA</span> <input type="text"/>
	<b>Vehicle Design Number:</b> <input type="text"/>

## Section B - Applicant Details

<b>Operator Name / Company</b> <input type="text"/>	<b>Operator Number</b> <input type="text"/>
<b>Contact Name</b> <input type="text"/>	<b>Contact Phone Number</b> <input type="text"/>
<b>Mobile Phone Number</b> <input type="text"/>	<b>Email Address</b> <input type="text"/>

## Section C - Design Owner Details (if different from above)

<b>Company Name</b> <input type="text"/>	
<b>Contact Name</b> <input type="text"/>	<b>Contact Phone Number</b> <input type="text"/>
<b>Mobile Phone Number</b> <input type="text"/>	<b>Email Address</b> <input type="text"/>

## Section D - Inspection Details

*Please specify below the address where the vehicles will be located to undertake the vehicle inspection.*

<b>Business/ Company Name</b> <input type="text"/>		
<b>Site Contact Person</b> <input type="text"/>	<b>Contact Phone Number</b> <input type="text"/>	
<b>Contact Mobile Number</b> <input type="text"/>	<b>Email Address</b> <input type="text"/>	
<b>Street Address</b> <input type="text"/>	<b>Suburb</b> <input type="text"/>	<b>Post Code</b> <input type="text"/>

*Note: Main Roads will try to accommodate your requested date, however this may not always be possible. To assist us, please ensure you provide at least 4 weeks notice from the date you submit your application.*

<b>Requested Inspection Date (1st preference)</b> <input type="text"/>	<b>Requested Inspection Date (2nd preference)</b> <input type="text"/>
--	--

## Section E - Declaration

I declare that all information provided with 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 agreement and/ or approval granted as a result of this application may be deemed invalid.

Signature _____	Applicant Name <input type="text"/>	Date <input type="text"/>
-----------------	-------------------------------------	---------------------------

Email completed form to: [hvsnetworkaccess@mainroads.wa.gov.au](mailto:hvsnetworkaccess@mainroads.wa.gov.au)

Heavy Vehicle Services Main Roads WA

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

[www.mainroads.wa.gov.au](http://www.mainroads.wa.gov.au)