

Application for Recommendation to Licensing

Complete this application if you require a recommendation for licensing.

| | | | |
|----------------------------------------------------------|----------------------|---------------------------|----------------------|
| Operator Number <small>(If Applicable)</small> | <input type="text"/> | Operator Name | <input type="text"/> |
| Registered Business Name | <input type="text"/> | | |
| Contact Name | <input type="text"/> | | |
| Contact Phone Number | <input type="text"/> | Contact Fax Number | <input type="text"/> |
| Mobile Phone Number | <input type="text"/> | Email Address | <input type="text"/> |

| | | |
|------------------------|-----------------------------------|----------------------------------|
| OFFICE USE ONLY | Employee No. <input type="text"/> | Date & Time <input type="text"/> |
|------------------------|-----------------------------------|----------------------------------|

Vehicle Owner Details (Please tick type of owner and complete the adjacent details)

Individual

Family Name **First Name** **Other Name(s)**

OR

Company

Name **ACN Number**

OR

Government, Non-profit or Charity

Name **ABN Number**

Vehicle Details

Mobile Vehicle Plant Trailer **Vehicle Description** (ie. mobile crane, plant trailer)

| | | | | | | |
|---------------------------------------------------------------|----------------------|--------------|------------------------|--------------------------------------|----------------------------------------------------------|----------------------|
| Vehicle Registration <small>(If Applicable)</small> | <input type="text"/> | State | <input type="text"/> | Gross Vehicle Mass (GVM) (t) | <input type="text"/> | |
| VIN/Chassis Number | <input type="text"/> | | Tare Weight (t) | <input type="text"/> | Number of Axles | <input type="text"/> |
| Make | <input type="text"/> | Model | <input type="text"/> | | Gross Trailer Mass (GTM) (t) | <input type="text"/> |
| Year of Manufacture | <input type="text"/> | | | Front Suspension Load Sharing | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Dimensions

| Total Length (meters) | Total Width (meters) | Total Height (meters) | Forward Projection (meters) | Rear Projection (meters) | Steer Projection (meters) | Overhang (meters) |
|-----------------------|----------------------|-----------------------|-----------------------------|--------------------------|---------------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

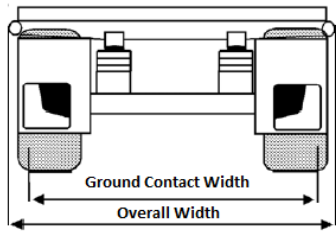
Tyres per Axle

Axle Spacing (m)

Tyre Size

Axle Mass (t)

Ground Contact Width (m)



Declaration

I declare that the vehicle is sufficiently rated for this 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.

Signature _____ **Applicant Name** **Date**