

Complete this application if you require a recommendation for licensing.

A Applicant Details

Company Name

Contact Name Contact Phone Number

Email Address

B 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

C Vehicle Details

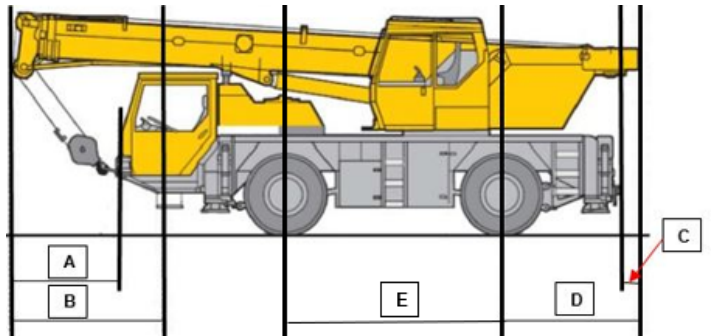
Vehicle Type (eg. drill rig, grader) VIN/Chassis Number

Make Model Year of Manufacture

Tare Weight (t) Number of Axles Gross Vehicle Mass (GVM) (t) Front Suspension Load Sharing Yes No

Total Length (metres)	Total Width (metres)	Total Height (metres)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Forward Projection (metres)	Steer Projection (metres)	
<input type="text"/>	<input type="text"/>	
Rear Projection (metres)	Overhang (metres)	
<input type="text"/>	<input type="text"/>	
Wheelbase (metres)		
<input type="text"/>		

A - Forward Projection
 B - Steer Projection
 C - Rear Projection
 D - Overhang
 E - Wheelbase



Number of Tyres per Axle

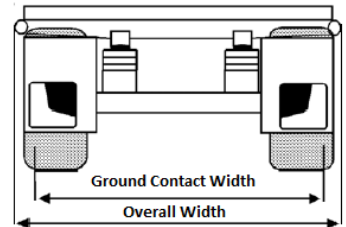
Axle Spacing (m)

Tyre Size Sectional Width in millimeters (mm) or inches.

Axle Mass (t)

Please note that the total Axle Mass cannot exceed the Tare Weight.

Ground Contact Width (m)



D 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