

Application for Recommendation to Licensing

Complete this application if you require a recommendation for licensing.

A Applicant De	tails	Ĵ		
Company Name				
Contact Name			Contact Phone Numbe	er
Email Address				
B Vehicle Owne	er Details (Please tick ty	pe of owner and complete the a	djacent 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,			VIN/Chassis Number	
Make		Model		Year of Manufacture
Tare Weight (t)	Number of Axles	Gross Vehicle	Mass (GVM) (t)	Front Suspension Load Sharing
Registration Number (if requesting an amendment to a licensed vehicle)				
Total Leng (metres)	-	Height Forward etres) Projection (metres)	Steer Rear Projection Projectio (metres) (metres	
B - Stee C - Rea D - Ove	rward Projection er Projection erhang ieelbase			GCW
Please note that the toto Number of	al Axle Mass cannot exceed th	e Tare Weight.		

Tyres per Axle Δ Axle Spacing (m) Tyre Size Axle Mass (t) 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

Email completed form to: <u>hvospv@mainroads.wa.gov.au</u> **Heavy Vehicle Services Main Roads WA** PO Box 374 | WELSHPOOL DC | WA 6986 | Telephone 138 486 www.mainroads.wa.gov.au

No

Yes