

This permit application form is for over dimensional light vehicles less than 4.5 tonnes gross vehicle mass (GVM). For information on access for heavy vehicles over 4.5 tonnes GVM, contact the National Heavy Vehicle Regulator on 1300 MYNHVR (1300 696 487) or visit nhvr.gov.au.

Important: a fee equivalent to the permit application fee may be charged for amendments to existing permits. A receipt will not be forwarded unless specifically requested by the applicant.

Permit Number																				
Current Permit Number																				
Date Permit Required by																				
Date Permit Required until																				

office use only

Please return permit by: Post Facsimile Email

Applicant Details

Surname										Given name(s)									
Registered Operator/Owner																			
Home (or company) Address															Postcode				
Postal Address															Postcode				
Phone										Facsimile									

Vehicle Details

Vehicle Make										GCM														
Vehicle Registration Number										State					Number of Axles					Number of Tyres				
Trailer or Jinker Registration Number										State					Number of Axles					Number of Tyres				

Load Details (size of article proposed to be carried)

Description																			
Width (m)					Length (m)					Height (m)					Mass (kg)				

Overall Dimensions of Vehicle and Load

Width (m)					Length (m)					Height (m)					Rear Overhang (m)					Front Projection (m)				
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Travel and Route Details (please indicate departure and destination points and the preferred route to be taken)

Melways/VCD Map Reference

Number of Trips					From																								
To																													
If crossing the Victorian border, please name the town where you are crossing																													
Additional Information (special travel times, preferred route, previous permit number)																													

Authorisation

All the information provided is true and correct.

Any information given or document submitted in connection with this application, or a copy of this application, may be disclosed or used for investigation, law enforcement and other purposes in accordance with the *Road Safety Act*.

Signature of Applicant **By submitting the form online, applicant is agreeing to terms and conditions.**

Date																				
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VicRoads, Regulatory Services, Permit Section, 12 Lakeside Drive Burwood East 3151 Call: (03) 9881 8852 Facsimile: (03) 9881 8854 Email: oslpermits@roads.vic.gov.au

Payment Details (if you do not have a credit card or VicRoads Credit Account Number you must attach the fee to this application)

I agree to pay for any route survey or load inspection carried out by VicRoads to determine this application.

Please charge the permit/escort/route/survey inspection fee to my: Bankcard Mastercard Visa VicRoads Credit Account Number

Credit Card No.										VicRoads Credit No.									
Name of Cardholder										Date of Expiry									
Signature of Cardholder										Signature of Applicant									

Please pay online