

Application for Approval from Relevant (Responsible) Authority Under Heavy Vehicle Guidelines

File Ref: 7143 Task to zztInfrastructure Yeppoon



PRIVACY NOTICE: Rockhampton Regional Council is collecting the personal information you supply on this form for the purposes of assessing this application. Your personal information will be given to Council Officers and authorised contractors. Your personal details will not be disclosed to any other person or agency external to Council without your consent unless required or authorised by law.

Enquiries: 1300 22 55 77
Address: PO Box 1860
 Rockhampton Qld 4700
Email: enquiries@rrc.qld.gov.au

APPLICATION MUST BE SUBMITTED 7 WORKING DAYS PRIOR TO PROPOSED TRIP

APPLICATION NO:

(Customer Service to insert Application Number)

Identify Heavy Vehicle Guideline that this application is being made under:

Form Number 14 (section 14.3) Guideline for Excess Dimension Agricultural Vehicles and Agricultural Combinations Vehicles and Drivers	<input type="checkbox"/>	Form Number 4 (section 6.8) Guideline for Excess Dimension : Vehicles Carrying Indivisible Articles : Special Purpose Vehicles in Queensland	<input type="checkbox"/>
Form 7 (section 10.1) Guideline for Pilot and Escort Vehicles and Drivers	<input type="checkbox"/>	Form Number 1 (section 4.1.6) Guideline for Multi-combination Vehicles	<input type="checkbox"/>
Form Number 6 (section 9) Guideline for Excess Dimension Special Purpose Vehicles and Vehicles Carrying Indivisible Articles Requiring Pilots/Escorts	<input type="checkbox"/>	Form Number 11 (section 8.1.3) Guideline for Operation of Excess Mass : Special Purpose Vehicles to 40 tonnes and Vehicles Carrying an Indivisible Item to 59.5 tonnes	<input type="checkbox"/>
Form Number 17 (section 4.3.2) Guideline for Conditionally Registered Vehicles	<input type="checkbox"/>		

APPLICANT DETAILS

Applicants Full Name:	
Trading Name (if applicable):	
Australian Business Number (ABN No.):	
Postal Address (include postcode):	
Contact Person:	
Telephone No.:	
Facsimile No.:	

SINGLE TRIP

Date:
Time:
Duration:

ANNUAL/MULTIPLE TRIP

An approval for an annual / multiple trip will only be issued for travel along the same route for vehicle/s which have identical dimensions.
Frequency of movements (e.g. fortnightly, monthly)
Commencement date:

IDENTIFY IF:

PROVIDE DETAILS / SITE

The travel is likely to interfere with bridges or other structures on or beside the road:	
The travel is likely to cause disruption to services including, but not limited to water or sewage:	
The travel is likely to cause damage to a road which could include a bridge, a structure, trees, signs or other road furniture	

NOTE: You are required to obtain relevant permits and licences from other interested parties. These may include Department of Transport and Main Roads, Queensland Police Service, Queensland Rail or Ergon.

VEHICLE DETAILS

Rego. No.

Make / Model / Type

Name of Registered Owner

Description of cargo

Is the vehicle equipped with Road Friendly Axles?

Yes No **DIMENSION INFORMATION**

Overall dimension of vehicle combination (including load)

Length:

Height:

Top width:

Base width:

AXLE WEIGHTS

Front to Rear (all axle weights are required)

1	<input type="text"/>
3	<input type="text"/>
5	<input type="text"/>
7	<input type="text"/>

2	<input type="text"/>
4	<input type="text"/>
6	<input type="text"/>
8	<input type="text"/>

MOVEMENT DETAILS

Commencement: (including full street address, suburb, postcode)

Destination: (including full street address, suburb, postcode)

PROPOSED ROUTE

from	<input type="text"/>
to	<input type="text"/>
to	<input type="text"/>
to	<input type="text"/>
to	<input type="text"/>
to	<input type="text"/>
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to	<input type="text"/>

IMPORTANT

A copy of a current public liability insurance policy in the amount of at least \$20,000,000 (twenty million dollars) is to be submitted with this application.

SIGNATURE OF AUTHORISED AGENT

- I hereby certify that:
 - the information supplied herein is true and correct; and
 - the route detailed on this application has been inspected and found to be safe and suitable for the movement of the vehicle and load described above
- In my authorised capacity, I accept liability for damage done to any local government asset and indemnify Rockhampton Regional Council against any claim which may result pursuant to this application and subsequent approval.

Full Name:	Signature:
Date:	

Payment may be made at your local Council Office during normal business hours Monday to Friday or by forwarding a cheque / money order made payable to *Rockhampton Regional Council*, with this signed form to PO Box 1860 Rockhampton 4700.**OFFICE USE ONLY**Date Received:
Receipt No:

CSO Signature:

Forward to Records

Form Date: 11/1/2011