

APPLICATION FOR
OVER-DIMENSIONAL / EXCESS MASS VEHICLE PERMIT

APPLICANT DETAILS

Company Name:	Application Date:
Postal Address:	
Contact Numbers: W.	M.
Email Address:	
Contact Person:	

PERMIT DETAILS

Date Permit Required:
Proposed Route on Council Roads:

VEHICLE / LOAD DETAILS

Description of Load:	
Registration of Prime Mover:	
Registration of Trailers:	
Width:	Height:
Length:	Weight:
Axle Loads:	