



Vehicle or Trailer Nomination Form - Online Permits (one vehicle per form)

This form is NOT intended to be used in conjunction with an application for registration.

1. Registered operator details *(taken from the current registration certificate)*

Name of registered operator

Contact person

Phone

Fax

Email

ABN / ACN

Date of birth *(if owner is a person)*

Customer number

2. Vehicle or Trailer details *(taken from the vehicle compliance plate and registration certificate)*

Registration plate

State

Date of manufacture

VIN or chassis number

Make and model

Compliance plate approval number

Nomination type *(tick one only)*

- Vehicle** - Complete
Q3 then go to Q5
- Trailer** - Complete
Q4 then go to Q5

Note: Only **ONE** vehicle can be nominated per form ie one prime mover/truck **OR** one trailer.

3. Truck type

- Prime mover Rigid truck

GVM *(from vehicle compliance plate)*

GCM *(from vehicle compliance plate)*

- Single steer + single drive Single steer + bogie drive Twin steer + bogie drive

Other *(describe configuration)*

OR

4. Trailer type *(place a tick in appropriate box that best describes the trailer)*

- Drop deck Jinker
- Extendable drop deck Low loader dolly
- Gooseneck low loader Platform
- Step deck low loader Dog trailer

Other *(describe configuration)*

GTM (gross trailer mass) means the mass transmitted to the ground by the axles of a trailer when the trailer is loaded to its design limit and connected to a towing vehicle.

GTM *(from vehicle compliance plate)*

ATM (aggregate trailer mass) means the manufacturers recommended total laden mass of the trailer including carried load. This includes any mass imposed on the towing vehicle when in combination.

ATM *(from vehicle compliance plate)*

How many tyres fitted to each row of wheels

- 2 wheels 4 wheels 8 wheels

Full width load space permanently affixed for the full length of the trailer

- Yes No

Contact Details

Monday to Friday 8.30am to 4.30pm *(but not on Public Holidays)*

Roads and Maritime Services Special Permits Unit

PO Box 94 Glen Innes NSW 2370

www.rms.nsw.gov.au

| T 1300 656 371 | F 1300 361 570 | E spu@rta.nsw.gov.au

continued next page

This Section must be completed for ALL vehicles - nomination will not be accepted if left blank

5. Tyres (if known, measure and show the width of the tread to the nearest millimetre)

Smallest tyre size fitted

 mm

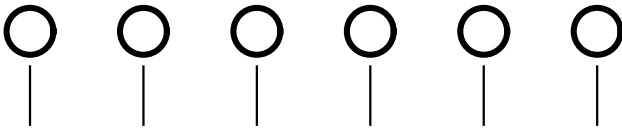
Ply rating / load index

6. Axle spacings (write the number of wheels fitted to each axle inside the circle for that axle, and then underneath between the lines show the distance between each axle)

Front of vehicle

Back of vehicle

Axle 1 Axle 2 Axle 3 Axle 4 Axle 5 Axle 6



7. Declaration

Your Personal Information is collected and held by the Roads and Maritime Services (Roads and Maritime), 20-44 Ennis Rd, Milsons Point NSW 2061. I understand that my 'personal information' is being collected for the issue of an Overmass and Oversize permit. I must supply the information under the *Road Transport Act 2013* and *Road Transport (Vehicle Registration) Regulations 2017*. Your 'personal information' held by Roads and Maritime may be disclosed inside and outside NSW to driver licensing and vehicle registration agencies, law enforcement agencies, providers of compulsory third party (bodily injury) insurance, solicitors in regard to motor vehicle accidents, and to verify the contents of this application, for the administration of driver licensing and vehicle registration legislation and law enforcement, and for the purpose of the protection of public revenue, road safety, compulsory third party (bodily injury) Insurance, and inquiries relating to motor accidents or abandoned vehicles. You have a right to access or correct your 'personal information' in accordance with the provisions of the relevant privacy legislation.

I hereby certify that the information given in this application is complete, true and correct in every detail.

Operators or Agent's name (print)

Operator or Agent's signature

Position in organisation

Phone

Fax

Email

Date

 day / month / year

Lodgement of Application

By email - scan the complete the application and email to: spu@rta.nsw.gov.au

By fax - fax the completed application to: 1300 361 570

RMS Office use only

Approved Not approved

Added to data base

Yes No

Notes

Date

 day / month / year

Signature