Pilot / Certified Pilot Record of Movement

VICTORIA State Government | Department of Transport and Planning

Trip Details

Date & Time of Departure:		**Date & Time of Arrival:**	
Departure address:			
Destination address:			
Route details or NHVR permit number:			

Vehicle and Load Details

Registration Plate Number/s:		**Load Description:**	
Combination / Vehicle type:		**Total Combination Length:**	
Total Combination Height:		**Total Combination Width:**	

Pilot Details – Pilot / Escort

Name:	Certified Pilot Number:	State:	Pilot Vehicle Registration:
1.			
2.			
3.			
4.			

Haulage Company

Company Name:	
Driver Name:	
Driver Signature:	

Declaration

I _____, declare that the information provided in this Record of Movement is true and accurate.

Signature: _____ **Date:**____/____/_____