

ADS trial – permit application

Complete this form to apply for a new automated driving system (ADS) permit, or to renew or vary an existing ADS permit.

Purpose of application

Please select the type of application you are making

- New application Variation of conditions Add/remove vehicle or vehicle supervisor Renewal of ADS permit

Cross jurisdictional trial

Please nominate any other jurisdiction in which this trial may take place

- SA WA NT QLD NSW ACT TAS

Additional documentation

This form must be completed and accompanied by information and documentation as outlined in the Victorian Guidelines for Trials of Automated Vehicles (Guidelines). If a specific requirement is not applicable to your trial, please outline the reasons why.

Please ensure you have completed each section and included any additional documentation where applicable. Documents provided in support of your application should be clearly referenced in the applicable section of this form, providing page numbers where appropriate.

Where applicable, the following documents must be submitted with your application:

- Evidence of incorporation
 Company letter of authority
 Copy of Safety Management Plan
 Copy of Traffic Management Plan (if required)
 Evidence of Public Liability Insurance and any other insurance required to comply with the Guidelines
 Stakeholder Engagement Plan

For definitions of terms relating to ADS trials used in this application form, please refer to the Guidelines.

All enquiries regarding automated vehicles, including completed ADS permit applications and all supporting documentation, are to be submitted to cavtesting@transport.vic.gov.au

Applicant's information

Surname or company name	Given name															
Second given name	Date of Birth (individuals only)				D	D	M	M	Y	Y	Y	Y				
Australian Company Number (ACN) or Australian Registered Body Number (ARBN)							Date of issue		D	D	M	M	Y	Y	Y	Y
Driver licence number (not applicable for a Corporation)							Jurisdiction									
Trading name if different from the company name																
<input type="checkbox"/> Evidence of incorporation <i>Please attach evidence of incorporation in Australia (Certificate of Registration or Incorporation)</i>																
Previous ADS permit number(s) or trial approvals (if applicable)																
<i>Please provide details of all previous ADS permits or trial approvals held by the applicant</i>																
Residential address, or address of registered office (not a PO Box address)																
Postal Address (if different from above)																
Address for service of notices if different to postal address																
Website							Email									
Tel. No							Mobile									

Company representative's details

Full name		
Position title		
Address		
Postal Address (if different from above)		
Email	Tel. No	Mobile

ADS trial details

Applicants must complete the section below, attaching additional documents where required. The Applicant must provide sufficient details of the ADS trial to enable the application to be adequately assessed. Please refer to the Guidelines for further information. Additional documentation may be attached that clearly cross-references to the sections below.

ADS trial objectives *Provide a summary of the purpose of the ADS trial.*

Description of activities *Provide a brief description of activities (Please refer to the Guidelines).*

Location of ADS trial *Please provide details of location and roads where you intend to conduct the ADS trial.*

Proposed dates of the ADS trial	Commencement date	Completion date
Days and times of the ADS trial	Days of the week	Times of day

Compliance with Law *Please set out actions taken to comply with applicable laws (refer to the Guidelines).*

Infrastructure and network requirements *Provide details of any infrastructure requirements (and location) for the ADS trial.*

Engagement with the public and other stakeholders

Provide details of how you have or intend to engage with affected stakeholders. This includes what education and training the public will be provided on how to interact with the trial vehicle(s). Further information may be included in your safety management plan.

Data, information, records and reporting *Please provide details of how and where data will be captured and stored.*

Automated driving system details

Applicants must provide details for each type of automated driving system to be trialled.

Automated driving system details

Provide a high-level description of the automated driving system and the technologies relied upon to perform the dynamic driving task.

Operational Design Domain (ODD)

Provide details of the ODD and what systems and processes are in place to ensure that the automated driving system is not capable of being activated outside its ODD.

Object Event Detection and Response (OEDR)

Provide details of objects and events the automated driving system is capable of detecting, recognising and responding to (including the extent to which it is capable of doing so) (examples include traffic signs and signals, line markings, pedestrians etc.).

Dynamic Driving Task Competence

Provide high-level details of the types of manoeuvres and traffic scenarios the automated driving system is capable of performing and navigating.

Minimal Risk Condition (if applicable)

Provide details of any minimal risk conditions, including the actions the ADS will perform, the circumstances in which it will be activated, and the state to which it will bring the vehicle.

Automated vehicle details

Applicants must provide details of each automated vehicle to be used during the ADS trial (One page per vehicle).

Make	Model	Year	Body type	Colour
Vehicle Identification Number (VIN)/Chassis number				
Engine/motor number				
Registration number (if applicable)		Jurisdiction		
Garage address				
Compliance with Australian Design Rules (ADRs)				
Does the vehicle comply with ADRs? <input type="checkbox"/> Yes <input type="checkbox"/> No		(Closest) ADR category and approval number (if applicable)		
Import approval number (attach copy of import approval)				
Details of any modifications since manufacture				
GVM	Length	Width	Seating capacity	Wheels
Highest level of driving automation (SAE J3016 level)				

Registered operator details (if applicable)

The registered operator must complete this section for each vehicle for which they are the registered operator.

Full name or Company name	Driver licence number/ACN/ARBN
Residential address	

Registered operator declaration

As the registered operator of the above vehicle

- I acknowledge that this vehicle will be used in the ADS trial under the direction of the ADS permit applicant; and
- I acknowledge that for the purposes of the ADS trial, personal information about me may be disclosed to The Department of Transport and Planning and third-party providers undertaking activities relevant to the vehicle's involvement in the ADS trial.

Name of registered operator/company representative <i>(please print)</i>		Signature of registered operator/company representative		
Date	D	D	M	M
	Y	Y	Y	Y
Position (if company representative)				
Email	Tel. No		Mobile	

Vehicle supervisor details

Applicants must nominate all employees, contractors or personnel who will be vehicle supervisors in the ADS trial.

Please provide details of each vehicle supervisor involved in the ADS trial (One page per vehicle supervisor).

Full name										
Date of birth	D	D	M	M	Y	Y	Y	Y	Email	
Residential address										
Nature of relationship to the applicant <i>Please specify whether an employee, contractor or other authorised person.</i>										
Qualifications, technical skills and training <i>Provide brief details of qualifications, experience and skills.</i>										

Driver licence details

Number	Full licence <input type="checkbox"/> Yes <input type="checkbox"/> No	Jurisdiction/country of issue
Current <input type="checkbox"/> Yes <input type="checkbox"/> No	Expiry date	Number of years holding licence

Vehicle(s) to which the vehicle supervisor may be assigned

Please list the Vehicle Identification Number(s) (VIN) or chassis number(s) of the automated vehicle(s) to which the person may be assigned as a vehicle supervisor.

If the person may be nominated for any of the trial vehicles, please state ALL.

Vehicle Identification Number(s) (VIN) or chassis number(s)	

Vehicle supervisor declaration

As a vehicle supervisor, I acknowledge and agree that

- I have received training on the use of the automated driving system and the automated vehicle.
- I will use the automated driving system and the automated vehicle strictly in accordance with the training received and the conditions of the ADS permit.
- If I become aware of any defect or issue with the performance of the automated driving system that, I will immediately notify the ADS permit holder.
- I am aware that the automated driving system may be monitored and tracked through GPS and other monitoring systems for the purposes of the ADS trial. I consent to such monitoring and tracking for the purposes of the ADS trial.
- I acknowledge that for the purposes of the ADS trial, personal information about me may be disclosed to The Department of Transport and Planning and third-party providers undertaking activities relevant to my involvement in the ADS trial.

Name of vehicle supervisor <i>(please print)</i>										Signature of vehicle supervisor									
Date	D	D	M	M	Y	Y	Y	Y											
Position (if company representative)																			
Email										Tel. No					Mobile				

Insurance details

Public Liability Insurance *Please attach copies of Certificates of Currency*

Insured Provider	Insurer								
Policy Number	Expiry Date	D	D	M	M	Y	Y	Y	Y
Sum insured	Excess								

Compulsory third party personal insurance *Please attach copies of Certificates of Currency (if vehicle is not registered in Australia)*

Insured Provider	Insurer								
Policy Number	Expiry Date	D	D	M	M	Y	Y	Y	Y
Sum insured	Excess								

Other insurance

Please complete the following sections for any other insurance policies required under the Guidelines.

Insurance type *Please attach copies of Certificates of Currency*

Insured Provider	Insurer								
Policy Number	Expiry Date	D	D	M	M	Y	Y	Y	Y
Sum insured	Excess								

Insurance type *Please attach copies of Certificates of Currency*

Insured Provider	Insurer								
Policy Number	Expiry Date	D	D	M	M	Y	Y	Y	Y
Sum insured	Excess								

Insurance type *Please attach copies of Certificates of Currency*

Insured Provider	Insurer								
Policy Number	Expiry Date	D	D	M	M	Y	Y	Y	Y
Sum insured	Excess								

Insurance type *Please attach copies of Certificates of Currency*

Insured Provider	Insurer								
Policy Number	Expiry Date	D	D	M	M	Y	Y	Y	Y
Sum insured	Excess								

Application checklist

Please ensure you have completed the following before submitting your application:

- All relevant sections in this application form
- Evidence of incorporation
- Company letter of authority
- Copy of Safety Management Plan
- Copy of Traffic Management Plan (if required)
- Evidence of Public Liability Insurance and any other insurance required under the Guidelines
- Stakeholder Engagement Plan

Declaration

By signing this form, the applicant or its representative declares that:

1. the Applicant is eligible to apply for an ADS permit
2. the Applicant agrees to comply with any reasonable request by The Department of Transport and Planning to provide additional information to enable it to assess the Application
3. the Applicant has taken all reasonable steps to identify the safety risks and the risks to the reliability, security and operation of the automated driving system(s), and has processes in place to eliminate or reduce those risks so far as is reasonably practicable
4. the Applicant has, and its vehicle supervisors or employees and contractors have, the appropriate training, skills and experience to monitor the automated driving system/automated vehicle in accordance with the ADS Permit
5. the Applicant has, or will be able to, obtain all the necessary permits, approvals, accreditations or consents necessary prior to the ADS trial
6. the automated vehicle(s) and automated driving system(s) are safe for use in the intended manner
7. the Applicant is not insolvent within the meaning of s.95A of the Corporations Act 2001 (Cth) or an externally administered body corporate within the meaning of the Corporations Act 2001 (Cth)

Privacy statement

Personal information The Department of Transport and Planning collects from you may be used by The Department of Transport and Planning as permitted by the Road Safety Act 1986 and the Marine Safety Act 2010. The Department of Transport and Planning may disclose personal information it collects from you to various organisations and persons as permitted by law, particularly by the Road Safety Act 1986. This includes disclosing the information to contractors and agents of The Department of Transport and Planning, law enforcement agencies and other road or traffic authorities, the Transport Accident Commission, vehicle manufacturers (for safety recalls), road safety researches, courts and other organisations or people authorised to use the personal information.

You are required to provide this personal information. Failure to provide the information may result in this application not being processed, or records not being properly maintained. For further information about our use of your personal information and your right of access to it, see The Department of Transport and Planning brochure Protecting Your Privacy.

DECLARATION:

By signing this form, I declare, in my personal capacity, as well as on behalf of the Applicant, that the information in this form and related supporting documents is true, correct and complete, and the applicant understands the privacy statement.

Name of Applicant <i>(please print)</i>								Signature of Applicant											
Date				D	D	M	M	Y	Y	Y	Y								
Position (if company representative)																			
Name of Company																			
Email								Tel. No:				Mobile							