

# Light Vehicle Over Dimensional Permit Application



This permit application form is for over dimensional light vehicles less than 4.5 tonnes gross vehicle mass (GVM). For information on access for heavy vehicles over 4.5 tonnes GVM, contact the National Heavy Vehicle Regulator on 1300 MYNHVR (1300 696 487) or visit [nhvr.gov.au](http://nhvr.gov.au).

**Important: a fee equivalent to the permit application fee may be charged for amendments to existing permits.**

## Applicant Details

|                           |               |  |  |
|---------------------------|---------------|--|--|
| Surname                   | Given name(s) |  |  |
| Registered Operator/Owner |               |  |  |
| Home (or company) Address | Postcode      |  |  |
| Phone                     |               |  |  |

## Vehicle Details

|                                       |       |                 |                 |
|---------------------------------------|-------|-----------------|-----------------|
| Vehicle Manufacturer                  | GCM   |                 |                 |
| Vehicle Registration Number           | State | Number of Axles | Number of Tyres |
| Trailer or Jinker Registration Number | State | Number of Axles | Number of Tyres |

## Load Details (size of article proposed to be carried)

|             |            |            |           |
|-------------|------------|------------|-----------|
| Description |            |            |           |
| Width (m)   | Length (m) | Height (m) | Mass (kg) |

## Overall Dimensions of Vehicle and Load

|           |            |            |                   |                      |
|-----------|------------|------------|-------------------|----------------------|
| Width (m) | Length (m) | Height (m) | Rear Overhang (m) | Front Projection (m) |
|-----------|------------|------------|-------------------|----------------------|

## Travel and Route Details (please indicate departure and destination points and the preferred route to be taken)

|  |                                     |
|--|-------------------------------------|
| Number of Trips  | Origin (Exact address and postcode) |
| Destination (Exact address and postcode)   |                                     |
| If crossing the Victorian border, please name the town where you are crossing          |                                     |
| Additional Information (special travel times, preferred route, previous permit number) |                                     |
|  |                                     |
|  |                                     |

## Authorisation

All the information provided is true and correct.

Any information given or document submitted in connection with this application, or a copy of this application, may be disclosed or used for investigation, law enforcement and other purposes in accordance with the *Road Safety Act*.

**By submitting the form online, applicant is agreeing to terms and conditions.**

|                        |   |   |   |   |   |   |   |   |
|------------------------|---|---|---|---|---|---|---|---|
| Signature of Applicant |   |   |   |   |   |   |   |   |
| Date                   | D | D | M | M | Y | Y | Y | Y |

## How to pay

To submit and pay for your form, go to [vicroads.vic.gov.au/online-services/upload-and-submit-a-form](http://vicroads.vic.gov.au/online-services/upload-and-submit-a-form)



Department of Transport and Planning



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