



When blank, this form is classed as OFFICIAL, when completed, this form is classed as OFFICIAL SENSITIVE

When submitting this application, attach each vehicle licence document and current receipt. If the application is for a replacement or additional vehicle, attach the current commercial goods vehicle licence in addition to the below form.

APPLICATION TYPE

- ☐ New application
- ☐ Replacement vehicle
- ☐ Additional vehicle

PARTICULARS OF VEHICLE

Particulars of vehicle under the provisions of the *Transport Co-ordination Act 1966* — as amended for a Commercial Goods Vehicle Licence to operate the vehicle(s) described hereunder in accordance with the particulars set out herein.

Make	WEIGHTS	
	Unladen (Tare)	kg
*Type	Maximum Load	kg
	EXTRA load authorised by:	
Registration number	Overload Permit	kg
	Gross Weight	kg

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*Type: State	Rec. No.
TT (Tabletop)	
TLR (Trailer)	Amount
ST (Semi-Trailer)	
TANK (Tanker)	Licence No.
UTE (Utility)	
S/WGN (Station Wagon)	Date paid
CAR (Motor Car)	

PROPOSED ROUTE OR AREA OF OPERATION

NATURE OF GOODS TO BE CARRIED

Details required for both forward and return journeys.

TYPE OF TRANSPORT TO BE CONDUCTED

- ☐ Conduct of a regular public transport service
- ☐ Specific haulage contracts
- ☐ General hire or reward
- ☐ Carriage of own goods

PARTICULARS OF VEHICLE (CONT...)

PURPOSE FOR WHICH GOODS CARRIED ARE TO BE USED

State also if intended for sale by anyone.

FREQUENCY OF OPERATION

If regular Public Transport Service, attach proposed timetable.

PROPOSED DATE OF COMMENCEMENT

REASONS WHY EXISTING TRANSPORT FACILITIES (ROAD, RAIL, SEA OR AIR) CANNOT CATER ADEQUATELY FOR THE TRANSPORT PROPOSED IN THIS APPLICATION

Required only in case of application for a new licence.

ANY FURTHER INFORMATION IN SUPPORT OF THIS APPLICATION

DECLARATION

FAMILY NAME

I,

FIRST NAME/OTHER NAMES

RESIDENTIAL ADDRESS

of

SUBURB

STATE

POST CODE

EMAIL ADDRESS

CONTACT NUMBER

OCCUPATION OF OWNER

PLACE OF BUSINESS

Sincerely declare that:

- I am the Owner of the vehicle(s) described in this application.
- The information contained in this application and the attachments (if any) hereto are true and correct in every particular.

DATE

SIGNATURE OF OWNER

OFFICE USE ONLY

Annual	Temporary	TOTAL	
Rate:	Rate:		
From	From		
To	To		
Fee	Fee		

Annual	Temporary	TOTAL	
Rate:	Rate:		
From	From		
To	To		
Fee	Fee		

Annual	Temporary	TOTAL	
Rate:	Rate:		
From	From		
To	To		
Fee	Fee		

	\$
Add- Debit Brought Forward	
Deduct- Credit Brought Forward	
Final Total	\$

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