Ashburton District Council

OVERWEIGHT TRAVEL APPLICATION

1. **Applicant:** ……(Company)

   Address: ……

   ……

2. **Vehicle Description:** ……

   Registration No/s: ……

   Load Description: ……

   Vehicle Details:

Axle Number	1	2	3	4	5	6	7	8	9	10	11
Axle Type *											
Axle Mass (kg) Maximum											
Spacing from previous axle (m)											
Tyre Size											

* S=Single tyred axle, T=Twin tyred axle, 4=Four tyred oscillating axle, 8=Eight tyred oscillating axle.

3. **Permit for: Single Trip / Return Trip / Multiple Trips on Specified Route (Delete terms not applicable)**

4. **For Period from / / to / /**

5. **Route:** ……

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Precise location of start and finish points and accurate description of route are required.
Should the above information be inaccurate or incomplete then delays to approvals will occur.

Applicant Contact Name: …… **Email:** ……

Phone: …… **Mobile:** …… **Fax:** ……