



# Overweight Travel

## Application Form

Please return this form to: [info@adc.govt.nz](mailto:info@adc.govt.nz) , fax to 03 308 1836 or Ashburton District Council, PO Box 94, Ashburton 7740

| Applicant Information  |   |   |   |   |   |                                      |   |   |   |    |    |
|--|---|---|---|---|---|--------------------------------------|---|---|---|----|----|
| Company Name:  |   |   |   |   |   |                                      |   |   |   |    |    |
| 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 tyre axle, T = Twin tyre axle, 4 = Four tyre oscillating axle, 8 = Eight tyre oscillating axle   |   |   |   |   |   |                                      |   |   |   |    |    |
| Permit   |   |   |   |   |   |                                      |   |   |   |    |    |
| Single Trip <input type="checkbox"/>   |   |   |   |   |   | Return Trip <input type="checkbox"/> |   |   |   |    |    |
| Multiple Trip on Specified Route <input type="checkbox"/>  |   |   |   |   |   |                                      |   |   |   |    |    |
| Period from :  |   |   |   |   |   | to                                   |   |   |   |    |    |
| Route (Precise location of start and finish points and accurate description of route are required. Should the information be inaccurate or incomplete, delays to approvals will occur) : |   |   |   |   |   |                                      |   |   |   |    |    |
|  |   |   |   |   |   |                                      |   |   |   |    |    |
|  |   |   |   |   |   |                                      |   |   |   |    |    |
|  |   |   |   |   |   |                                      |   |   |   |    |    |
|  |   |   |   |   |   |                                      |   |   |   |    |    |
| Contact Details  |   |   |   |   |   |                                      |   |   |   |    |    |
| Applicant Name:  |   |   |   |   |   | Email:                               |   |   |   |    |    |
| Phone:   |   |   |   |   |   | Mobile:                              |   |   |   |    |    |