

Overweight Travel Application Form

Please return this form to applications@adc.govt.nz or send to Ashburton District Council, PO Box 94, Ashburton 7740.

Section 1: Full Name and Contact Details of Applicant			
Surname:		Given name(s):	
Company name:			
Home phone:		Mobile:	
Email address:			

Section 2: Vehicle Description										
Registration no(s):										
Load description:										
Vehicle Details										
Axle number	1	2	3	4	5	6	7	8	9	10
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.										

Section 3: 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 for approval will occur)	