Lodgement for a LIGHT VEHICLE PERMIT

Telephone: 1300 882 249
Email: DPTI.LVPermits@sa.gov.au
Website: www.sa.gov.au
ABN: 92 366 288 135

Important Notes (Please read prior to completing this application)

- A permit may be renewed PROVIDED all circumstances remain unchanged. If there are ANY changes, such as to the route travelled, the owner of the permit vehicle, the participating vehicle units, the configuration type or any similar change, a NEW PERMIT APPLICATION FORM 'B' MUST BE LODGED.
- Incomplete or false information will render this application void.
- Application forms must be accompanied by payment.

SECTION A

Previous Permit Number ______ - ______ Permit Required from DD MM YYYY to DD MM YYYY

SECTION B – ISSUE INSTRUCTIONS (Please place a tick (✓) in the appropriate box)

Email (to address below) ☐ Post (to address below) ☐ Fax (to number below) ☐

SECTION C – REGISTERED OWNER’S DETAILS

SA Client Number ______ (contact the Road Access Unit if you require assistance in obtaining a Client Number)

Registered Owner

Residential Address

Suburb

Postal Address

Suburb

State

P/code

State

P/code

Contact Name

Contact Number (_____) _______ _______ _______ Fax Number (_____) _______ _______ _______

Email Address

SECTION D – CLEARANCE

(If your permit requires Authority clearance/s, please tick (✓) and attach all current clearances to this application).

☐ SA Power Networks ☐ Optus ☐ Telstra ☐ Council ☐ Other

SECTION E – DECLARATION

I declare that:
1. All of the information contained on this application is true and correct.
2. The information contained in this application may be disclosed or used for any investigations in accordance with the Road Traffic Act 1961.
3. I understand that additional charges may be incurred should DPTI need to undertake activities such as route survey, bridge assessment/s, load inspection etc. to determine this application.

Signature of operator or authorised agent

Date DD MM YYYY

SECTION F – PAYMENT ADVICE

Payment Details (If you do not have a credit card, you must attach the fee to this application)

Please charge the fee for this application to my: ☐ MasterCard ☐ Visa ☐ Cheque Attached

Credit card _______ - _______ - _______ - _______ Expiry Date MM - YY

CVV (from rear of card) _______

Name of Cardholder

Signature of Cardholder