



**APPLICATION FOR
AUTHORITY TO OPERATE
VEHICLE USAGE**

DATE OF APPLICATION

NAME & ADDRESS OF APPLICANT

TELEPHONE

FAX

MOBILE

**NAME & ADDRESS OF VEHICLE OWNER/
OPERATOR (IF DIFFERENT TO
APPLICANT**

**ROAD(S) FOR WHICH APPROVAL
IS SOUGHT**

REASON

**DATES FOR WHICH APPROVAL IS
SOUGHT - TRIPS/DAY (TOTAL TRIPS)**

VEHICLE MAKE/ MODEL

PLATE NOS PRIMEMOVER

PLATE NOS TRAILERS

**OVERALL VEHICLE COMBINATION LENGTH
DRIVE TRAIN**

SINGLE

TANDEM

TRI

**All permits expire 30 June each year
It is the Licensee's responsibility to
apply to Council for a new permit
if required after this date.**

**S D FRASER
CHIEF EXECUTIVE OFFICER**

**ISSUED BY DELEGATED AUTHORITY OF THE SHIRE OF GINGIN
7 BROCKMAN STREET, GINGIN WA 6530
TEL: (08) 9575 2211 FAX: (08) 9575 2121**