

Western Corridor Excess Dimension Transport Application Form

Please note, the following conditions apply:

1. The completed application form is to be submitted by email to apps.wcorridor@tmr.qld.gov.au or by fax to (07) 3137 8922 between 4 and 10 business days before intended travel. Applications will be assessed within 4 business days. Applications may be rejected. Notice of approval or rejection will be sent by e-mail or fax to Applicants with a copy of approvals to Queensland Police Service.
2. Transporters must check the route prior to requesting this permit and again prior to travel and are required to confirm any concerns immediately.
3. When travelling through the Western Corridor, the Driver shall carry a copy of the Western Corridor Approval. If there is a delay or difficulty getting the load through the construction site, the Traffic Foremen will prioritise assistance to transporters with approvals.
4. In the event that the actual transport will be 30 minutes outside of the nominated time, the Driver is asked to notify the relevant Traffic Foremen on the night of travel. Advice of the revised arrival time will help the Traffic Foremen plan their work for the benefit of all.
5. Approval to travel through the Western Corridor is a condition of operation governed by the *Transport Operations (Road Use Management: Mass, Dimensions and Loading) Regulation 2005*. Transporters who choose to act unlawfully and travel without Western Corridor Approval risk being delayed until the Traffic Foreman advises that it is safe to travel.
6. Transporters are responsible for reasonable costs due to damage to road infrastructure; movement of traffic control devices (for example, signs, traffic cones, safety barriers, anti-gawking screens) to facilitate the movement; and Construction Contractor delay and disruption charges if resulting from the transport of the vehicle/load or failure to notify of a revised time of travel.

Applicant Information

Trading Name (for organisations):

or Full Name (for individuals):

Business Address:

Contact Person:

Phone Number:

Mobile Number:

Fax Number:

Contact Email:

Driver/Vehicle Information

Driver Name:

Mobile Number:

Vehicle Type:

Load Information

Description of Loads:

No. of vehicles/loads (if travelling together):

Greatest overall dimensions:

Length:

Height:

Top Width:

Base Width:

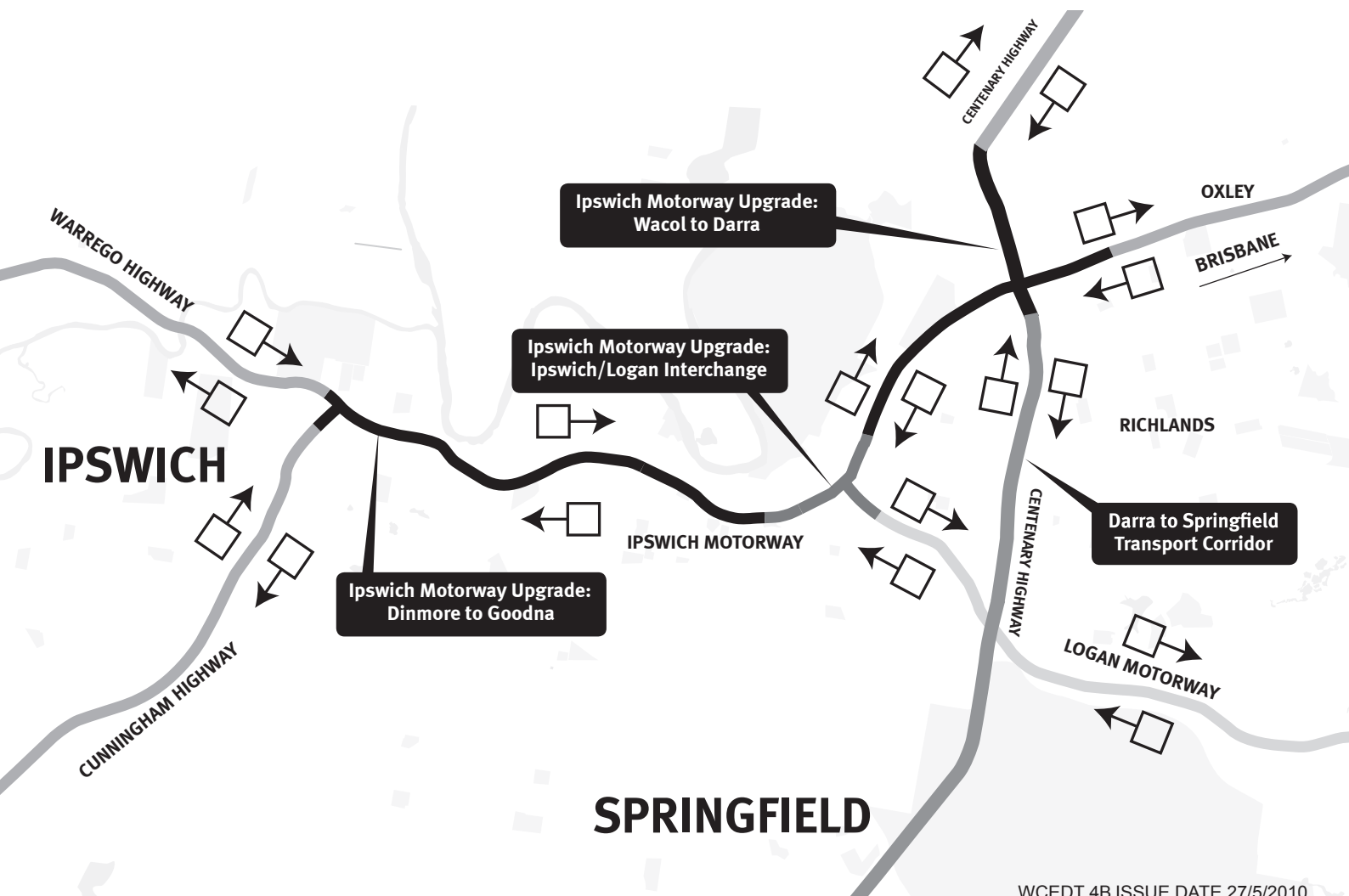
Nominated Travel Time *(If several loads travelling together, time period)*

Time: (am/pm) Day of Week: Date: (dd/mm/yy) / /

Police District Issuing Permit

Route Information

Please mark the relevant boxes to show the road sections and directions of travel



WCEDT 4B ISSUE DATE 27/5/2010