



**APPLICATION TO MOVE OVER DIMENSION /
OVER WEIGHT LOADS OVER RAIL**

OVER-DIMENSION ROAD LOADS
NATIONAL TRAIN CONTROL CENTRE
P.O Box 593, Wellington, NZ
Phone (04) 474 2323
Fax (04) 474 2324
EMAIL crossingpermits@kiwirail.co.nz

Application Date:

If supervision and / or protection will **not** be required then this application must be submitted at least **2** working days prior to the intended date of travel. For loads that will require supervision and / or protection be aware that depending on load dimensions & location your application will take a minimum of **5** working days up to **12** weeks to process as per the conditions set out in the Information For Operators of Over Dimension Loads agreement.

APPLICANT'S DETAILS

| | | | |
|---------------|----------------------|-----------------|----------------------|
| Company Name: | <input type="text"/> | Applicant Name: | <input type="text"/> |
| Address: | <input type="text"/> | Phone: | <input type="text"/> |
| | <input type="text"/> | Fax: | <input type="text"/> |
| | <input type="text"/> | Mobile: | <input type="text"/> |
| | <input type="text"/> | Email: | <input type="text"/> |

LOAD DETAILS

| | | | |
|--|---|------------------------------|-------------------------------|
| Pilot / Operator's Name: | <input type="text"/> | | |
| Pilots Mobile Number: | <input type="text"/> | | |
| Load Description: | <input type="text"/> | | |
| Starting Address: | <input type="text"/> | | |
| Delivery Address: | <input type="text"/> | | |
| Dimensions: | Length <input type="text"/> M | Width <input type="text"/> M | Height <input type="text"/> M |
| Total Vehicle Mass | <input type="text"/> T | Max Axle Loading | <input type="text"/> T |
| <small>NOTE: A copy of a valid NZTA Over Weight permit or diagram showing axle loads & spacings for all loads in excess of 105T or Exceeding 12T per axle</small> | | | |
| Dangerous Goods Declaration: | Are Dangerous Goods Being Carried? YES / NO | UN #: | Quantity: |

LEVEL CROSSING DETAILS

Is this Application for a Long Term permit? YES / NO Up to a maximum of 6 months from the day of issue - \$180.00 +GST

Please Indicate If This Application Will Include The Following Bypass Crossings: MATATA BYPASS RUGBY RD BLACKS BEACH
 EKETAHUNA BYPASS Do You Require KiwiRail To Arrange Protection For This Crossing? YES / NO
 Has a NZHHA Crossing Supervisor Been Confirmed? YES / NO Xing Supervisors Name:

| Line ID | Level Crossing Name | Dates Required | | ETA (24:00hr clock) |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| | | From | To | |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |

Declaration:

1.) This application is subject to all Terms & Conditions as agreed to on the signed copy of the Information For Operators of Over Dimension Loads agreement currently held by this office
 2.) This application is subject to the fees set out in the schedule in the above mentioned agreement
 3.) All Level Crossings you are applying for must be included in this application.

Tick box to accept conditions of declaration:

Name: Authorised Signature:

Office Use:

| | | |
|-------------------------------------|---|--------------------------------------|
| Permit Number: <input type="text"/> | SWO For Protection If Req'd: <input type="text"/> | Account Number: <input type="text"/> |
|-------------------------------------|---|--------------------------------------|