**OVER DIMENSION TRANSPORT**

**APPLICATION FORM**

|  |  |
| --- | --- |
| Application Date |  |
| Name of Company making the Application (referred to as “You” in this letter agreement) |  |
| ABN |  |
| Your Representative |  |
| Contact Details | Phone:  |  |
| Email |  |
| Proposed Timing of Transportation | Date: |  |
| Time: |  |
| Nature of Vehicle and High Load |  |
| Route from start to finish | * Google Plot
* Detailed list of entry and exit roads
 |
| Dimensions of proposed load (including vehicle) | Height |  |
| Width |  |
| Length |  |
| Total max. height of the Vehicle (including high load) |  |

**PLEASE EMAIL COMPLETED FORM TO:** **worksplanningelectricity@jemena.com.au**