

Intelligent Access Program (IAP) Enrolment/Amendment/Cancellation

Heavy Vehicle National Law Act 2012, Chapter 7

Important information	Section 1 Transport Operator details		
This form is for a person wishing to notify the National He Vehicle Regulator (NHVR) (the Regulator) of their intentio	n [] The interim IAC must be issued in the name of the Transport		
to commence, amend or cancel their participation in the Intelligent Access Program (IAP).	Operator that will sign, or has signed, the IAP-SP Agreement with an IAP-SP. The Transport Operator is the entity that is responsible for controlling or directing the operations of the vehicle and may		
By submitting this form you are requesting the Intelligent Access Condition (IAC) Administrator to enrol you in the L and generate an interim IAC for each vehicle identified in	AP or may not be the same as the registered owner.		
vehicle schedule in Section 7; or amend or cancel an IAP Certificate/s.			
 Monitoring cannot occur until your nominated IAP Service 	Company name (if applicable)		
Provider (IAP-SP) has received written notification from th Department of Transport and Main Roads.			
• You may be required to provide a current copy of the Registration Certificate for each vehicle.			
• For general enquiries relating to the IAP please call 1300 753 427 (1300 QLD IAP).	Postcode Postal address (if same as business address, write 'as above')		
Instructions for completing this form			
When completing this form, it is important to note that if you are:	Postcode		
enrolling a new vehicle within the IAP, a new IAP Certifica will be issued	te Telephone number (business) Telephone number (after hours)		
amending your contact details/vehicle details, you may be reissued with a new IAP Certificate for each vehicle	Facsimile number Australian Business Number (ABN)		
cancelling your current IAP Certificate, you will be issued with a notification of the concellation, and the relevant			
with a notification of the cancellation, and the relevant vehicle will no longer be compliant with the conditions of t relevant permit or notice.	he Email address		
Is this application relating to:	Section 2 Nominated contact person (if applicable)		
Non-Standard Freight Vehicle (NSFV)	Name		
Special Purpose Vehicle (SPV)			
On Board Mass (OBM)	Title/Position		
Higher Mass Limits (HML)			
Note: For HML vehicles - please supply a current copy of the Registration Certificate.	Telephone number		
NHVR permit or case numbers	Soction 3 Are you acting as an agent on behalf of the		
New IAP enrolment Complete all sections (as required)	Section 3 Transport Operator? No go to section 4 Yes Please complete details below		
Amend details on an existing IAC Identifier number	Individual/company name		
Certificate/s Amend details in relevant sections (for mul	Individual/company address		
vehicles, please write 'as per vehicle scheo			
and nominate vehicles and IAC Identifier	Postcode		
numbers in Section 7) Cancel IAP	If a company, name of contact person		
Certificate/s IAC Identifier number			
	Email address		
Please complete Sections 1, 4, 5 and 7 (for			
multiple vehicles, please write 'as per vehic schedule' and nominate vehicles and IAC	Telephone number		
Identifier numbers in Section 7)			
Insert IAP-SP's	Agent's signature		
name (if known)			
The department will send a copy of your interim IAC to your chosen IAP-SP on your	continued nere 2		
behalf, unless you inform us otherwise.	Continued page 2 Page 1 of 3 TRB Forms Area Form F4782 CFD V01 Nov 2016		

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Section 4 If you are cancelling an IAP Certificate please provide reasons below (maximum 30 words)	Privacy statement: The department collects your information to register a vehicle/s to operate within the IAP, as required under the <i>Heavy Vehicle Na Law Act</i> .
	The department may release this information, the IAP-SP data and other internal systems data to relevant third parties such as the Regulator, Transp Certification Australia Ltd., the IAP-SP engaged by the Transport Operator, Queensland Police Service and approved IAP Auditors.
	Your personal information will not be disclosed to any other third party without your consent unless required or authorised to do so by law.
Section 5 Transport Operator declaration	If you supply an email address during the transaction, documentation relevation your IAP enrolment will be sent to this address. Your email address will be used to the sent t
Consent to conduct enquiries and the use of intelligent	for IAP purposes only and not for any other purpose.
access information.	Is the Registration Certificate attached?
Ι,	

(insert full name of the Transport Operator)

note that these details may be verified and validated against the records maintained by other road authorities in Australia.

I authorise other road authorities to disclose to the Regulator and the department any information held about me as an operator that is of a personal nature or that has commercial sensitivity for the purpose of verifying information provided in conjunction with the notice to operate within the IAP in Queensland. The department may verify the details by cross referencing them against the TRAILS and/or NEVDIS databases.

I also authorise the Regulator and the department to disclose intelligent access information to the relevant road manager and/ or the relevant road authority for the purpose of making access decisions under Part 4.7 of the Heavy Vehicle National Law Act.

Points to note

This form is used to notify the department that a vehicle or vehicles intends to operate within the IAP. Once the details have been verified, the department will enrol the vehicle or vehicles and a written notice (Interim IAC) will be issued and should be taken to an IAP-SP.

Once an IAP Service Provider Agreement has been entered into with an IAP-SP and the IAP equipment has been installed and an IAP Certificate has been issued by the department, the operator becomes a participating operator for the purposes of monitoring for compliance and enforcement of the access conditions of the permit or notice relevant to the vehicle or vehicles.

The parameters that the IAP may be monitoring include:

- a. identification of vehicle and trailer(s)
- b. location (spatial compliance)
- c. time (temporal compliance)
- d. mass and vehicle configuration
- e. speed compliance.

The department is committed to the regular and ongoing testing of the IAP to ensure its accuracy and to audit the operations. From time to time, the department may carry out an IAP system validation modification to an aspect of the IAP conditions (for example, by amending a particular route on which you are approved to operate) for the purpose of verifying the accuracy of the IAP system.

If the modification of the IAP conditions results in activity on your part that generates a Non-Compliance Report (NCR), the Regulator undertakes as follows:

- a. that non-compliance report shall only be used for testing of the IAP and for auditing purposes
- b. no further action will be taken against you by the Regulator as a result of that reported non-compliance.

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ant to used



No Your enrolment may not be processed.

I state that the information provided in this document is complete, true and correct in every detail and I have read and agree to accept all the terms of this document.

Transport Operator's name

Transport Operator's signature

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Date

Section 6

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When this form is completed (including Section 7), sign and return to:

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IAC Administrator

Compliance Systems and Planning

Email: (scan signed copy)	iapadmin@tmr.qld.gov.au
Fax:	07 3220 6075
Post:	PO Box 673 FORTITUDE VALLEY QLD 4

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Section 7 Schedule of vehicles

Please provide registration numbers. Vehicle Identification Numbers (VIN) (and IAC identifier if applicable) for all vehicles this enrolment/amendment/cancellation applies to:

Vehicle Registration Number	Vehicle Identification Number	IAC Identifier (for amendment/
		cancellation)

If you need to add more vehicles to this schedule, please include extra copies of page 3.

Office use only Date received File reference		
Authorised person's name	Authorised person's signature	Date
IAP Certificate Change/Cancellation Change/Cancellation Date		
Comments/further information		
	· · · · · · · · · · · · · · · · · · ·	
Authorised person's name	Authorised person's signature	Date