

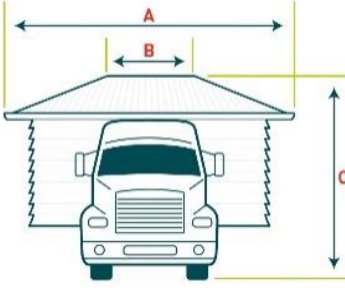


HIGH LOAD NOTIFICATION

PH: (03) 768 9300
FAX: (03) 768 2755



control@electronet.co.nz
www.westpower.co.nz

Transport Operator					Contact Person:		
Postal Address							
Telephone Number					Fax Number:		
E-Mail Address							
Driver of Vehicle					Mobile Number:		
Date & Start of Movement					Time:	AM/PM	
Description of Load							
Load Dimensions	(A) Width at widest Point		Met.	(B) Width at highest Point		Met.	
	(C) Highest point of load		Met.	Length of Load		Met.	
				Westpower Required Notification Time (Check appropriate Box)		4.8m – 5.0m ➤ 2 Working Days	
						5.0m – 5.3m ➤ 3 Working Days	
						5.3m – 5.9m ➤ 5 Working Days	
						Above 5.9m ➤ 14 Working Days	
Planned Route							

As Principal Contractor, I accept responsibility for all Traffic Management Plans required during transportation of load. I agree to pay all costs incurred by Westpower Ltd involved with the transportation of the high load described above.

Signed _____ **Name** _____ **Date** _____

Westpower Use Only

Permit No.

Escort Required

Yes / No

Escort arranged for:

Date

Escort Meeting Point:

Time

Approved _____ **Name** _____ **Date** _____