

## ROAD ACCESS PERMITS PORTAL REGISTRATION FORM

Please fill out all the mandatory fields below. Once completed, send this form to [rapp.support@roads.vic.gov.au](mailto:rapp.support@roads.vic.gov.au) with an email subject line of **Road Access Permits Portal registration form**.

Are you an employee of a DoT prequalified/accredited Traffic Management company?\*

### BUSINESS DETAILS

Business trading name:\*

Business telephone:\*

Business email:\*

At minimum one business number must be filled in (ABN is preferred). Business trading name provided must be associated to the business number. (Please enter details below without any spaces.)\*

ABN:

ACN:

ARBN:

### BUSINESS ADDRESS DETAILS

Address:\*

Suburb:\*

State:\*

Postcode:\*

### POSTAL ADDRESS DETAILS (Leave blank if same as Business Address Details)

Address:

Suburb:

State:

Postcode:

### PRIMARY CONTACT FOR INITIAL SET UP FOR ROAD ACCESS PERMITS PORTAL

This individual nominated as the Primary Contact will receive an invitation email to sign up to the portal. This individual will be given administration privileges to provide other company members with access to the portal.

First name:\*

Last name:\*

Email:\*

Mobile Phone:\*

Job Title: