



**Trade Measurement**

8 West Thebarton Road  
Thebarton SA

PO Box 469  
Hindmarsh SA 5007  
DX 225

Tel 08 8234 2036  
Fax 08 8234 1486

[www.ocba.sa.gov.au](http://www.ocba.sa.gov.au)

**Application for a Public Weighbridge Licence**

The information contained in this application must be correct. There are penalties if the applicant makes a false or misleading statement.

**Section 1**

**Applicant Details**

Full Name of Applicant:	_____
	_____
In Partnership with:	_____
	_____
Trading As:	_____
	_____
Business Registration Number:	_____
	_____
Principal Place of Business:	_____
	_____
Postcode:	_____
	_____
Postal Address: (If same as Principal Place of Business write "As Above")	_____
	_____
Postcode:	_____
	_____

**Notes:**  
Please complete every section of this application unless otherwise instructed.

**Important**  
The Trade Measurement Authority must be advised of any corporate changes within 14 days-  
eg Directors  
Partnership details  
Address details  
Contact details  
Trading name, etc.

**Section 2**

**Contact Details**

Name of Contact Person & Position Held	_____
	_____
Phone number:	_____

**REMINDER:** The application fee of **\$91.00** must accompany this application. Cheques should be made payable to the **Commissioner for Consumer Affairs**

## Section 3

### Licensing Requirements

Please answer each of the following questions by indicating Yes or No

1. Have you (or any partner) or persons involved with the management of your organisation had a public weighbridge licence refused, suspended or revoked under this Act or corresponding Australian law? (If yes, supply details.)

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2. Have you (or any partner) or persons involved with the management of your organisation been disqualified from holding a public weighbridge licence or from being employed by a licensee to operate a public weighbridge under this Act, or any corresponding Australian law? (If yes, supply details.)

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3. Have you (or any partner) or persons involved with the management of your organisation in the last ten years, been convicted of, or served any part of a term of imprisonment or any offence involving fraud or dishonesty?(If yes, supply details)

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4. Are you (or any partner) or persons involved with the management of your organisation at the time of this application, the subject of any charge pending involving fraud or dishonesty?  
(If yes, supply details) \_\_\_\_\_

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5. Are you (or any partner) the holder of a current public weighbridge licence granted by a corresponding Australian trade measurement authority?  
(If yes, supply details)

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Yes / No

## Section 4

### Weighbridge Operation

1. How many people will be operating the weighbridge as a public weighbridge?
  
2. If your organisation is to operate more than one weighbridge as a public weighbridge under the licence indicate the number of weighbridges?

Provide the details of each weighbridge at **Section 5**

#### Notes:

##### Section 4:

Please complete details for each person operating the weighbridge(s) at **Section 6**.

A weighbridge which has multiple decks in series is classed as **one** weighbridge.

#### Notes:

##### Section 5:

Please **photo-copy** this to record details of any additional weighbridge proposed to be operated as a public weighbridge.

For a weighbridge with **2 (two)** or more decks please complete **Part C** in addition to **Part B**.

## Section 5

### Weighbridge Details

#### Part A

#### Location

Location or Address of Weighbridge:	<input type="text"/>
	<input type="text"/>
	Postcode: <input type="text"/>
	<input type="text"/>
Local Contact Person:	<input type="text"/>
Contact Number:	Telephone: <input type="text"/>
	<input type="text"/>

#### Part B

#### First or Single Deck

Indicator Details:	Make/Model: <input type="text"/>	Serial No: <input type="text"/>
	<input type="text"/>	<input type="text"/>
Base Details:	Make/Model: <input type="text"/>	Serial No: <input type="text"/>
	NSC No: <input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Load Details:	Deck Capacity: <input type="text"/> tonne	
	Smallest Graduation: <input type="text"/> kg	
	<input type="text"/>	<input type="text"/>
Deck Size:	Length: <input type="text"/> m	Width: <input type="text"/> m
	<input type="text"/>	<input type="text"/>

## Section 5 Continued

### Part C

### Multiple Deck Weighbridge

#### Second Deck

Indicator Details:	Make/Model: _____ Serial No: _____
Base Details:	Make/Model: _____ Serial No: _____ NSC No: _____
Load Details:	Deck Capacity: _____ tonne Smallest Graduation: _____ kg
Deck Size:	Length: _____m   Width: _____m

#### Third Deck

Indicator Details:	Make/Model: _____ Serial No: _____
Base Details:	Make/Model: _____ Serial No: _____ NSC No: _____
Load Details:	Deck Capacity: _____ tonne Smallest Graduation: _____ kg
Deck Size:	Length: _____m   Width: _____m

### Part D

### Sum of the Deck Capacities

Maximum Load:	Total Weighbridge Capacity: _____ tonne Smallest Graduation: _____ kg
Summing Indicator for Multiple deck:	Make: _____ Model: _____ Serial No: _____

## Section 6

### Details of Persons Nominated as Public Weighbridge Operators

Surname	CITIZEN	Given Names	JOHN JOSEPH
Residential Address	12 Adelaide Road		
	ADELAIDE	Postcode	5000
Date of Birth	01 / 07 / 81	Position in Organisation	Storeman

#### Notes:

#### Section 6

List all persons who will be required to operate your weighbridge as a public weighbridge.

Please do not provide a post office box address

Surname	_____	Given Names	_____
Residential Address	_____		
	_____	Postcode	_____
Date of Birth	/ /	Position in Organisation	_____

Surname	_____	Given Names	_____
Residential Address	_____		
	_____	Postcode	_____
Date of Birth	/ /	Position in Organisation	_____

#### Additional Operators

Further copies of this section are available upon request.

Surname	_____	Given Names	_____
Residential Address	_____		
	_____	Postcode	_____
Date of Birth	/ /	Position in Organisation	_____

Surname	_____	Given Names	_____
Residential Address	_____		
	_____	Postcode	_____
Date of Birth	/ /	Position in Organisation	_____

Surname	_____	Given Names	_____
Residential Address	_____		
	_____	Postcode	_____
Date of Birth	/ /	Position in Organisation	_____

## Section 7

### Declaration

I hereby declare that:

1. I am well acquainted with the provisions of the Trade Measurement Act 1993 and the Trade Measurement (Weighbridge) Regulations 1993 relating to the operation of a weighbridge as a public weighbridge.
2. I am of the age of 18 years or more.
3. The information contained in this application is true to the best of my knowledge.

Signature \_\_\_\_\_ Date: / /

Position in Organisation (please print)	
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### Documentation

The Applicant is required to provide with this application a draft copy of the proposed Measurement Tickets ('direct measurement' and 'axle masses' only) and a draft copy of proposed format for the Tare Mass Book. (Refer to regulation 23 of the Trade Measurement (Weighbridge) Regulations 1993.

The Applicant is advised not to have any of the above documentation printed until the licence has been granted.

### Enquiries and Information

If there are any difficulties in understanding what is required in completing this application form, or in understanding any other matter in respect to this Trade Measurement Licence application kit, please contact the Trade Measurement section by telephone, facsimile or visit our office in person.

Telephone: (08) 8234 2036

Facsimile: (08) 8234 1486

Office Location  
8 West Thebarton Road  
THEBARTON SA 5031

Postal Address  
PO Box 469  
HINDMARSH SA 5007

#### Important Note:

##### Signature

This application **must** be signed by each of the proprietors (partners).

Persons holding a management position should name the position held.

#### Note:

Address all correspondence to:  
**The Coordinator  
Trade Measurement**