



**ROAD DEVELOPMENT AGENCY**

Government/Fairlay Road, P.O. Box 50903, Lusaka, Zambia. Tel: 01-253088/253801/253002, Fax: 01-253404/

	<b>APPLICANT</b>	<b>APPLICANT'S AGENT</b>
Name:	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Address:	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Phone Number:	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
	Application Date: <input style="width:50%;" type="text"/>	SIGNATURE: <input style="width:50%;" type="text"/>

	<b>Make</b>	<b>Reg. No.</b>	<b>Tare Wt.</b>	<b>Gross Wt.</b>	
Horse Details:	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	1 Tare Weights 1+2+3
Dolly Details:	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	2
Trailer Details:	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	3 Weight of the Load
Own Escort Vans Registration Number(s)	i. <input style="width:100%;" type="text"/>		ii. <input style="width:100%;" type="text"/>		

	<b>TOTAL G.V.M.:</b>	<input style="width:100%;" type="text"/>
<b>HORSE, DOLLY &amp; TRAILLER (Overall dimensions in Meters)</b>	<b>Width:</b>	<input style="width:100%;" type="text"/>
	<b>Height:</b>	<input style="width:100%;" type="text"/>
	<b>Length:</b>	<input style="width:100%;" type="text"/>
<b>LOAD DESCRIPTION (Overall dimensions in Meters)</b>	<b>Width:</b>	<input style="width:100%;" type="text"/>
	<b>Height:</b>	<input style="width:100%;" type="text"/>
	<b>Length:</b>	<input style="width:100%;" type="text"/>

	No. of Axles in the Group	No. of Wheels in the Group	Maximum Permissible Load (Kgs)	Actual loading (Kgs)	Wheel Configuration
Axle Group 1	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Axle Group 2	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Axle Group 3	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Axle Group 4	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Axle Group 5	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Supper Axles	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>

Route To Be Used (Indicate Origin and Destination):

Proposed Date Of Transporting Load:

- NOTE:**
1. Attach Sketch of Vehicle Showing Arrangement of Load, Wheel Configuration, Total Height of Vehicle Plus Load,
  2. Position of Load Relative to Vehicle, width of Vehicle and Plus Load.
  3. Attach A Copy of Valid Road Service Licence (Zambian Vehicle) and Valid Permit In The Case of Foreign Vehicle.
  4. These Are Requirements as per Article 12 of Statutory Instrument No. 28 Of 2007, Public Roads Act No.12 of 2002 Of The Laws Of Zambia.
  5. The Permit Shall Only Be Issued Upon Full Payment Of The Amount Due.
  6. Attach manufacturers specifications of the load.
  7. All abnormal load permit applications submitted after 12:30hrs will be issued the following day.

**FOR RDA OFFICIAL USE ONLY**

**ALLOW TRANSPORTER TO PAY FOR:**

PROCESSING FEE:.....	US \$	<input style="width:100%;" type="text"/>		
COMPENSATION: AXLE / GVM OVERLOAD:.....	US \$	<input style="width:100%;" type="text"/>		
<b>TOTAL (processing fee + Compensation).....</b>	<b>US \$</b>	<input style="width:100%;" type="text"/>		
INSPECTION FEE:.....	ZMW	<input style="width:100%;" type="text"/>	<b>PERMIT NUMBER.</b>	<input style="width:100%;" type="text"/>
<b>ESTIMATED BY:</b>	<input style="width:100%;" type="text"/>	<b>POSITION:</b>	<input style="width:100%;" type="text"/>	<b>SIGNATURE:</b>
<b>CHECKED BY:</b>	<input style="width:100%;" type="text"/>	<b>POSITION:</b>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>