



NSW ROAD TRANSPORT ASSOCIATION INC.

Your Trusted Advisor in the Transport Industry

Tel: 1300 NSW RTA (1300 679 782) Web: www.nswrta.com.au

e-mail: enquiries@nswrta.com.au ABN 99 815 226 244

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WORKSHOP

NSW Road Transport Association

“Road Transport (General) Act 2005 including Container Weight Declarations and Heavy Vehicle Mass Limits”

Please tick preferred location

<input type="checkbox"/> Botany Tuesday 13 th June 2006 1pm – 4pm	<input type="checkbox"/> Wetherill Park Wednesday 14 th June 2006 1pm – 4pm
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Container Weight Declaration (CWD's) and Heavy Vehicle Mass Limits (HVML's)

The “Chain of Responsibility” from through the Road Transport (General) Act 2005.

CWD's are now required by the RTA (Roads and Traffic Authority) to accompany the road transport of goods within the supply chain process.

This new Information Workshop provides essential information and advice on CWD and HVML compliance issues and is relevant for all people involved in the import and export supply chain – including transport companies, customs brokers, freight forwarders, shipping lines, stevedores, container parks, importers and exporters.

All these relevant parties have an obligation under the law to prevent breaches of this Act and this Workshop addresses and clarifies those responsibilities.

To book for this seminar at \$99 per person (includes GST) please complete the following details and return to the NSWRTA Sydney office with your payment.

Tax Invoice: Where the total value of the amount is less than \$1,000 this booking form becomes a tax invoice for GST purposes upon completion and payment. Please photocopy and maintain for your records.

Method of payment required is by cheque or credit card at time of booking.

Please note that cancellations will only be accepted in writing up to close of business one week before seminar date

Incorporated in NSW • Established in 1890

Skills Centre & Head Office

30 Hallstrom Place
Wetherill Park NSW 2164
PO Box 7048
Wetherill Park BC NSW 2164

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1300 679 782
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Northern Division & Regional Head Office

PO Box 147
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Southern Division

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To Book, Please complete the following details;

Contact Name			
Company Name			
Type of Business (Please Tick)	<input type="checkbox"/> Transport Service <input type="checkbox"/> Freight Forwarder <input type="checkbox"/> Container Leasing <input type="checkbox"/> Shipping Line / Agent <input type="checkbox"/> Importer <input type="checkbox"/> ACS <input type="checkbox"/> Other (Please Specify)	<input type="checkbox"/> Customs Broker <input type="checkbox"/> Container Park <input type="checkbox"/> Stevedor <input type="checkbox"/> Port Service <input type="checkbox"/> Exporter <input type="checkbox"/> AQIS	
Phone			
Fax			
Email			
Co. Street Address			
Attendee's Name	Attendee's Company	Attendee's Contact Ph	
1.			
2.			
3.			
4.			
My cheque is enclosed	\$		
Or - please charge	\$	to my credit card, exp date	/
Credit card holder			
Credit card number			
Signature			
Type:	Visa () Master Card () Bankcard () Amex ()		

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