
 PENANGPORT A Member of  MMC Group		PENANG PORT SDN.BHD	
		PERMIT HEAVY VEHICLE	
Doc No: HSE-B-013B	Date: 10.9.2020	Revision: 1.0	

PERMIT HEAVY VEHICLE :

PART A: PARTICULARS OF APPLICANT

Name: _____ MyKad No: _____

Company Name: _____

Address: _____

Tel. No. : _____ Fax No. : _____

PART B: PARTICULARS OF VEHICLE / CRANE / FORKLIFT / BACHOE / EXCAVATOR / SKYLIFT

1. Type of Vehicle: _____	2. Register No. : _____
3. Chassis / Serial No: _____	4. Year of Manufacturer: _____
5. PMA No. : _____	6. PMA Validity Date: _____
7. Road Tax Validity Date: _____	8. Gross Weight: _____
9. Max. Lifting Load Capacity: _____ kgs /tones	10. Power Capacity: _____ Hp/Kw



PART C: PARTICULARS OF OPERATION

1. Operator Name: _____	2. MyKad No. : _____
3. Type of License: _____	4. License No. : _____
5. Validity Date: _____	6. Years of Experience: _____
7. Type of Cargo Handling: _____	8. Method of Handling: _____
9. Name of Port Area: _____	10. Location of Working: _____
11. Date of Entry: _____ Time: _____	12. Date of Completion: _____

13. Detail the nature of your cargo lifting activities:

PART D: VALID THIRD PARTY RISK INSURANCE

1. Name of Insurance Company: _____		
2. Policy / Cover Note No. : _____	3. Expiry Date: _____	

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PART E: DECLARATION

- a) We hereby state that the information given in this application is true and correct.
- b) We hereby also agree and undertake
- To notify Penang Port immediately of any changes of the information provided in this application.
 - We shall abide by all terms and conditions imposed by Penang Port and follow all safety and security procedures, rules and regulations implemented from time to time.
 - To be fully responsible to all acts, obligations and liabilities whatsoever of our servants, employees, agents, contractors and Port Users arising from or in our relation to operating with Penang Port premises.
 - The charges, fees or levy imposed by Penang Port on the application process, space utilization and others (If any).

Name Application's Representative: _____

MyKad No. : _____ Designation: _____

Signature of Applicant _____

Date: _____

Company Stamp

HSE OFFICE USE ONLY

PART F: RECOMMENDATION

Application is recommended / not recommended subject to (if any) _____

If Recommended:

Permit References No. : _____ Permit Validity: _____ day / month

Date Issue: _____ Expiry Date: _____

Date : _____

Signature : _____

Name /Cop: _____

PART G: APPROVAL

The above application is approved / not approved Reasons (if not approved)

Date: _____

Signature: _____

Name/Cop: _____