

Complete greyed out boxes on this sheet only

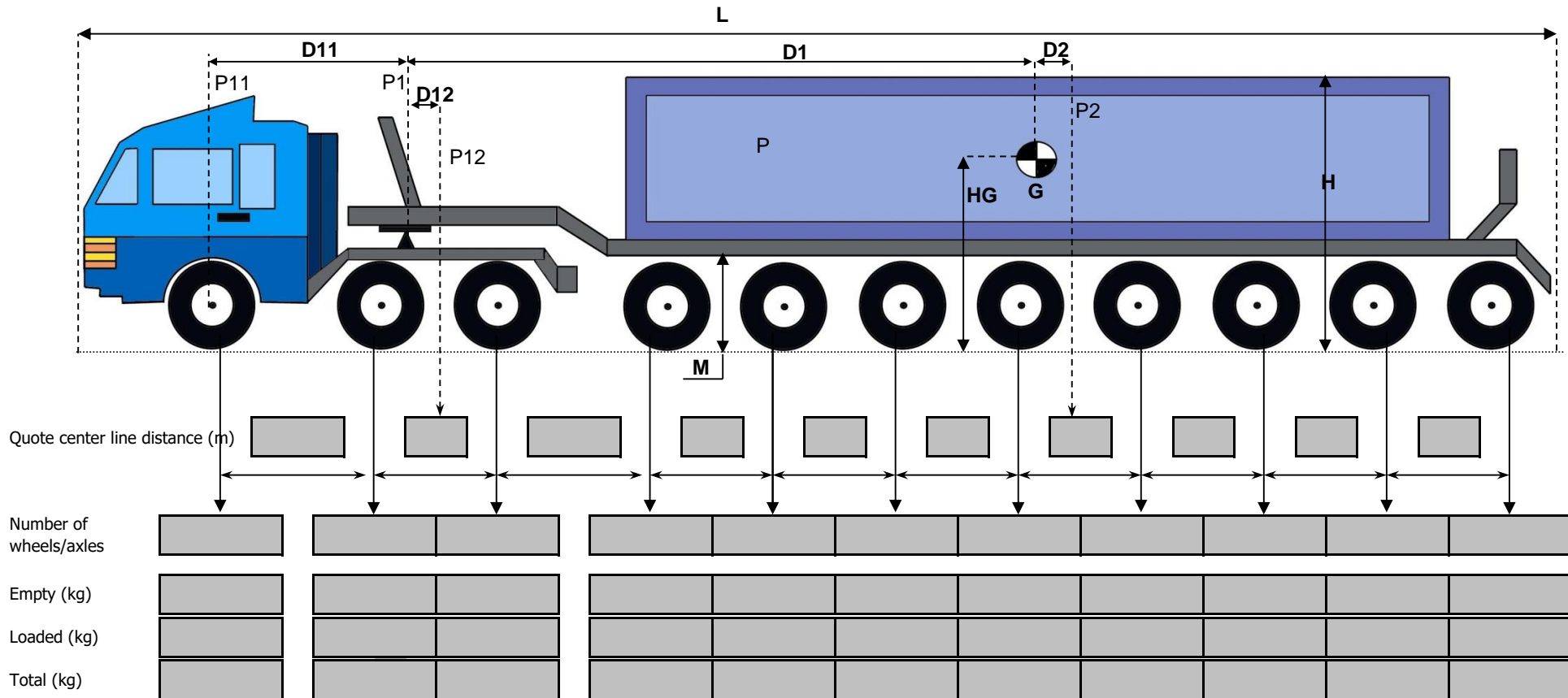
**Client Name :**   
**Account Number**

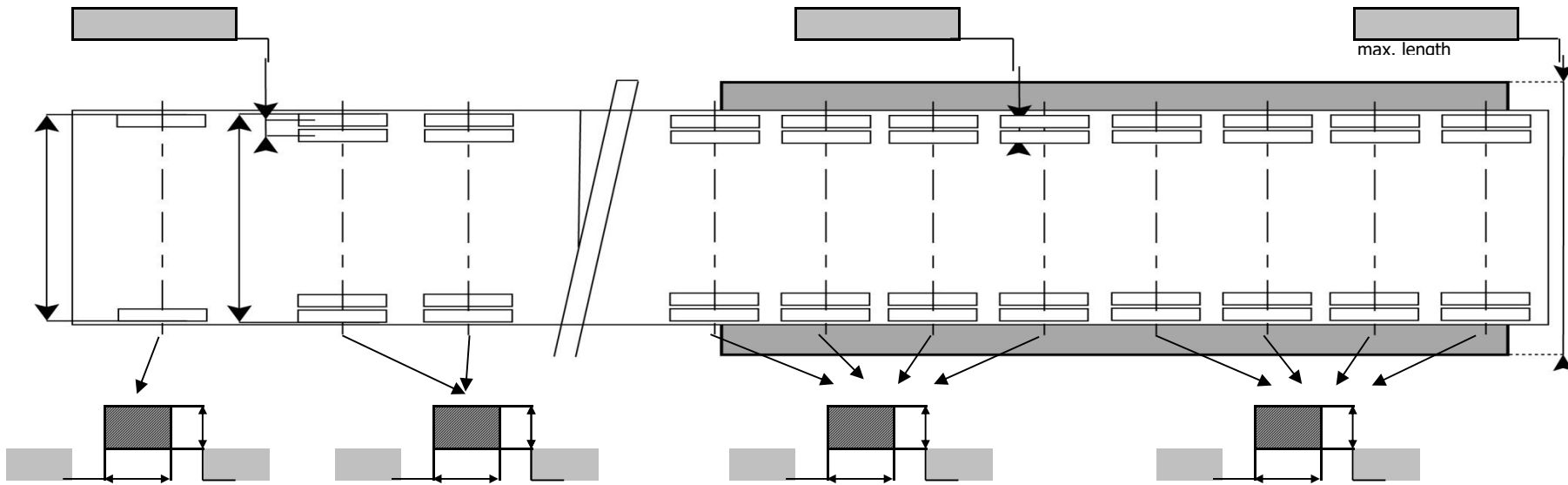
**Tractor Registration :**   
**Goods :**

**Trailer Registration :**

**Date of shipment :**   
**Time of shipment :**   
**Route :**

to



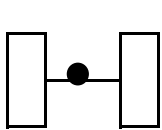


**Tyre Impressions**

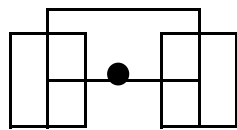
Type of axle :

Type of wheel :

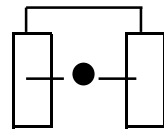
Type of suspension :



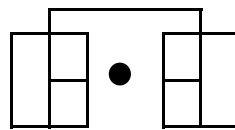
A : Transverse axle  
single wheels



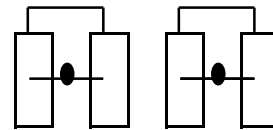
B : Transverse axles  
double wheels



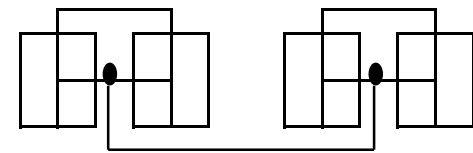
C : Stub axles  
single wheels



D : stub axles  
double wheels



E : Pendle axles  
single wheels



F : Pendle axles  
double wheels

Client Name :

Tractor Registration :

Trailer Registration :

Dimensions (m)	
Maximum Length with load <b>L</b> :	
Trailer Length :	
Maximum Width with load <b>W</b> :	
Trailer Width :	
Maximum Height with load <b>H</b> :	
Trailer Height :	

Weights (kg)	
Load Weight <b>P</b> :	
Trailer Weight :	
Tractor Weight :	
Total Weight :	

Configuration	
Number of Tractor Axles :	
Number of Trailer Axles:	
Steerable Axles (Yes/No):	

M = minimal ground clearance

D1		D2		D11		D12		M	
P1		P2		P11		P12		HG	

Please give a sketch of the whole vehicle showing all relevant information.  
 Indicate the positions of the centre of gravity.  
 Give details of lashing arrangements, giving safe working loads of steel wires, straps or chains used.

Number of chains used each side:  SWL: