

Company information

Company name: _____ Share capital: _____ Incorporation date: _____
Address: _____
Company registration no.: _____ VAT no.: _____
Tel no.: _____ Fax no.: _____
Website: _____ Email address: _____
Total no. of employees: _____ Drivers: _____ Drivers trained for light ADR: _____
Total no. of vehicles: _____ Administration (EE): _____
No. of Mega (950 mm): _____ No. of white units: _____ No. of green (RAL6009) units: _____

Insurance policies

Truck insurance company name: _____ Policy no.: _____
Validity: _____
Geographical scope: _____

Trailer insurance company name: _____ Policy no.: _____
Validity: _____
Geographical scope: _____

Goods insurance company name: _____ Policy no.: _____
Validity: _____
Limit of liability per incident: _____
Limit of liability per pecuniary loss: _____
Limit of overall liability per year: _____
Sum limit for gross negligence: _____
Goods not covered: _____

Third party liability insurance company name: _____ Policy no.: _____
Validity: _____
Geographical scope: _____
Limit of liability per incident: _____
Limit of overall liability per year: _____
Sum limit for gross negligence: _____
Goods not covered: _____

Documentation

<input type="checkbox"/>	Community licence for carriage of goods	Validity: _____	No.: _____
<input type="checkbox"/>	Trade registration	Validity: _____	No.: _____
<input type="checkbox"/>	Regulated Agent	Validity: _____	No.: _____
<input type="checkbox"/>	Known Consignor	Validity: _____	No.: _____
<input type="checkbox"/>	OAE	Validity: _____	No.: _____
<input type="checkbox"/>	GDP	Validity: _____	No.: _____
<input type="checkbox"/>	ISO	Validity: _____	No.: _____
<input type="checkbox"/>	Others: _____	Validity: _____	No.: _____

Fleet information

Are the colour of your trucks white or green (RAL6009) ?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (specify) _____
Are your trucks Euro 5 or Euro 6 ?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (specify) _____
Are your trucks equipped with audible intruder alarm?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (specify) _____
Are your trucks equipped with gas detection alarm?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (specify) _____
Is the fifth wheel of your trucks 950 mm high?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (specify) _____
Are your trucks equipped for light ADR ?	<input type="checkbox"/> No (specify) _____	<input type="checkbox"/> Yes _____
Are your trucks equipped with retarder or reinforced engine brake ?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (specify) _____
Are your trucks equipped with flashing lights for outsize loads?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (specify) _____
Do your trucks manage to take the Ralpin Freiburg-Novara train?	<input type="checkbox"/> No	<input type="checkbox"/> Yes _____

How often do you present your vehicles at the Technical inspection ? Every _____month(s)

Additional information

Do you have dispatchers available 24/7 ?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (specify) _____
Do your dispatchers speak at least one of the following: English, German or French ?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (specify) _____
Do you have a ADR manager ?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (specify) _____
Do you have a Security manager ?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (specify) _____
Do you have a Designated worker?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (specify) _____
Did your drivers have a medical inspection according to their position ?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (specify) _____
Would you willing to execute a haulier declaration (under Regulation (EU) No 2015/1998 of 5 November 2015 ?	<input type="checkbox"/> No (specify) _____	<input type="checkbox"/> Yes _____
Can you certify full compliance with all applicable regulations to the conduct of your business (labour law – incl. national min wage laws, ADR..)?	<input type="checkbox"/> No (specify) _____	<input type="checkbox"/> Yes _____
Can you certify that your company holds all the required licences and insurance policies in connection with your business?	<input type="checkbox"/> No (specify) _____	<input type="checkbox"/> Yes _____
Do you usually work with double crews?	<input type="checkbox"/> No	<input type="checkbox"/> Yes _____

WALLENBORN TRANSPORTS SA

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VAT LU 27362943 / R.C.S. Lux B 143444 / Aut. comm. 10050049



Please provide below some of your professional references (company names) , specify the type of freight performed and the related service time (years) :

Confirmation

I, the undersigned, _____ holding the position of: _____

Certify the accuracy and the veracity of the aforementioned information.

Done at: _____

On: _____