

Permit order

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Company: _____

Ref Nr: _____

Date: _____

Carrier: _____

Address: _____

Route:

From: _____

Street: _____

To: _____

Street: _____

Time:

From: _____

To: _____

Cargo:

Sort: _____

Weight: _____

	Truck	Semi-trailor/ Drawbar-trailor
Make		
Plate numbers		
Own weight		
Max permitted load	-	
Number of axels		

Dimensions	Empty	Loaded
Length:		
Width:		
Hight:		
Weight:		

	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.
Axel weights												
Axel distances												

Signature