

ROUTE CLEARANCE REQUEST FORM.

Transporter / Client: _____

a) Cost Estimate Request: YES / NO

b) Route Clearance Request – Order N^o Required: _____

Transport Details;

From (Co-Ordinates): _____

To (Co-Ordinates): _____

Trailer Combination Type: _____ GVM (T): _____

Load (Description): _____ Mass (T): _____

Dimensions of Load/s;

Length: _____ m

Width: _____ m

Height: _____ m

Laden Height: _____ m

Number of Loads;

- Single: YES / NO

- Multiple: N^o of loads: _____ Travelling: Convoy / Individual

Expected Transport Date: _____