





# TRANSPORT DECLARATION

## TRANSPORT DETAILS (TO BE COMPLETED BY DRIVER PICKING UP THE LOAD)

### OWNER DETAILS

Owners Surname _____	First Name(s) _____
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### OWNERS ADDRESS

Address 1 _____
Address 2 _____
Suburb/Town _____
Country _____ PC _____

### OWNERS CONTACT DETAILS

Telephone _____
Telephone - AH _____
Mobile _____
Email _____

### DRIVERS DETAILS

Operators Surname _____	First Name(s) _____
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### LOAD DETAILS

Date Loaded _____	BFA Certification No. (if applicable) _____
Registration of prime mover _____	State of Registration _____
Brief description of vehicle (eg. Aluminium Tipper, Side Curtains/Tarp) _____	
Details on last three loads carried on truck/trailer (in case of semi)	
1. _____	
2. _____	
3. _____	
Do you feel your vehicle was clean to carry a specialised product? <input type="checkbox"/> YES <input type="checkbox"/> NO	

### AUTHORISATION

I believe this to be an accurate account _____	_____	_____
Print Full Name Clearly	Signature	Date