

Check-in form for deliverers/collectors (Day Pass)

Version 02/2023 | Please fill in on PC or in PRINTED CAPITALS. If applicable, all information not marked „optional“ is mandatory.

CHEMPARK site DOR LEV UER **Specification** Delivery Collection

Details of the destination at CHEMPARK

CHEMPARK partner		Destination plant/ building no.	
Last name, first name (person responsible for order)		Telephone (person responsible for order)	

Delivery/collection by

Company, address			
Last name, first name driver			
Mobile number (optional)		E-mail (optional)	
Date of birth	Place of birth		Nationality

Entry and exit with the following vehicle

Official license plate number	Trailer/semitrailer registration number	<input type="checkbox"/> ≤ 3,5 t	<input type="checkbox"/> > 3,5 t ≤ 7,5 t
Container no.	Body no.	<input type="checkbox"/> > 7,5 t ≤ 40 t	<input type="checkbox"/> Waste transport

Delivery/collection of

Cargo		Quantity	
Additional cargo not destined for CHEMPARK? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Specification of additional cargo		Quantity	

Special permission

Carrying IT equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Serial number IT	
Carrying tools?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please fill out tool registration form for tools.	

I confirm that the above information is correct. I have taken full note of and understood the safety and regulatory regulations at CHEMPARK, the safety instructions and CHEMPARK traffic regulations.

Date

Signature driver