

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

Please fill in on PC or in PRINTED CAPITALS. If applicable, all information not marked „optional“ is mandatory. Only complete and legible applications can be processed. The applicant is solely responsible for the accuracy of the data.

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 driver	First name driver	
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

