

Section G: About this vehicle

6. What is the vehicle's:

Gross vehicle weight (Total weight of vehicle plus maximum possible weight of cargo that can be carried) Kg

Carrying capacity (Total weight of cargo that can be carried) Kg

7. Please tick the box that best shows the axle configuration of the vehicle

Rigid vehicles

Articulated vehicles

Rigid	Rigid and trailer	Articulated	Articulated trailer type
<input type="checkbox"/> 120	<input type="checkbox"/> 221	<input type="checkbox"/> 321	Please indicate the type of trailer used:
<input type="checkbox"/> 130	<input type="checkbox"/> 222	<input type="checkbox"/> 322	Flat/drop sided <input type="checkbox"/>
<input type="checkbox"/> 130	<input type="checkbox"/> 223	<input type="checkbox"/> 323	Box/non specialised <input type="checkbox"/>
<input type="checkbox"/> 140	<input type="checkbox"/> 232	<input type="checkbox"/> 332	Temperature controlled <input type="checkbox"/>
<input type="checkbox"/> 199	<input type="checkbox"/> 233	<input type="checkbox"/> 333	Curtain sided <input type="checkbox"/>
Other rigid <input type="checkbox"/> 199	<input type="checkbox"/> 299	<input type="checkbox"/> 399	Liquid tanker <input type="checkbox"/>
	Other rigid trailer <input type="checkbox"/> 299		Solid bulk tanker <input type="checkbox"/>
			Livestock carrier <input type="checkbox"/>
			Car transporter <input type="checkbox"/>
			Tipper <input type="checkbox"/>
			Other <input type="checkbox"/>



Continuing Survey of Road Goods Transport (GB)
This information is required under Section 1 of the Statistics of Trade Act 1947

COMMERCIAL IN CONFIDENCE

Section A: Registered vehicle details

Name and address of registered keeper/operator:

Registration mark of vehicle being surveyed:

Questions about this form?
Tel: 0207 944 8233
Email: CSRGT.STATS@dft.gov.uk
(Please quote vehicle registration in all correspondence)

Please return this form to:
Road Freight Statistics
D/06 AHH
Ashdown House
Sedlescombe Road North
St Leonards on Sea
TN37 7GA

Survey week: From: To:

State the postcode **OR** town where the vehicle is based (if different to the above address):

Section B: On hire or change of possession

If you are not in possession of this vehicle, please state:

Date the vehicle was scrapped or stolen: DD MM YYYY

OR

Date sold*: DD MM YYYY

**(Please provide the new owners details)*

OR

Vehicle was on hire to someone else during the survey week*
Please tick **(Please provide their contact details)*

Name, address, postcode and email:

ONCE COMPLETE, GO TO QUESTION 8 ON PAGE 3, OTHERWISE GO TO QUESTION 1

Section C: Vehicle activity

1. If the vehicle was not in use throughout the entire survey week was this because it: **(Please tick one option)**

Was not taxed <input type="checkbox"/>	Had no work <input type="checkbox"/>	Was being repaired <input type="checkbox"/>	Was used solely for site work <input type="checkbox"/>
Was not used owing to holiday <input type="checkbox"/>	Was under going maintenance/MOT <input type="checkbox"/>	Had no driver <input type="checkbox"/>	Other <input type="checkbox"/>

IF THE VEHICLE WAS NOT USED, GO TO QUESTION 8 ON PAGE 3, OTHERWISE GO TO QUESTION 2

2. How much fuel in total was put into this vehicle during the survey week? Litres/Gallons
(Delete as appropriate)

Section D: Business details

3. How was this vehicle being operated during the survey week? **(Please tick one option)**

On own account For hire and reward

4. How many people does your firm employ nationally?

5. What is the nature of your business: e.g. Haulage; wholesaler of electrical goods; manufacturer of furniture etc.

Section H: Contact details and certification

8. Details of the person to be contacted if questions arise about this form (please complete in capital letters)

Name

Telephone

Email

I hereby declare that the information given in this return is complete and accurate to the best of my knowledge and understand this will be validated against official data.

Signed Date

Thank you for completing this form, please return it immediately in the prepaid envelope provided.

Section E: UK Journeys involving FOUR or FEWER stops per day - to load and/or unload goods PLEASE COMPLETE THIS FORM IN CAPITAL LETTERS																					
Day of the week	Origin: Postcode OR place-name and county <i>(Record each stage of the journey on a separate line)</i>			Are these goods being transferred from:			Destination: Postcode OR place-name and county <i>(Record each stage of the journey on a separate line)</i>			Are these goods being transferred to:			Distance travelled Kms/Miles <i>(Delete as appropriate)</i>		Basic description of goods carried <i>See Page 5 of guidance notes</i> <i>For example Live Animals, Household waste, Mail/parcels, raw milk, Various food products.Plant hire equipment etc</i>	Were these dangerous or hazardous goods? <i>Use codes found on page 5 of guidance notes</i>	Cargo type <i>See page 5 of guidance notes</i>	Weight of Goods		Was your vehicle carrying its full capacity by:	
				Shipping port or docks	Rail siding or terminal	Airport				Shipping port or docks	Rail siding or terminal	Airport	Loaded	Unloaded				Kgs state unit used if other	Kgs	Space? (Y/N)	Weight? (Y/N)
Example	CT16 1JA TN37 7GA			✓			TN37 7GA SW1P 4DR						84.5 0	0 98.4	FENCING PANELS EMPTY		NP NS	5000 0		N N	N N
Mon																					
Tues																					
Wed																					
Thurs																					
Fri																					
Sat																					
Sun																					

Section F: UK Journeys involving FIVE OR MORE stops per day - to load and/or unload goods																						
Day of the week	Origin: Postcode OR place-name and county			Are these goods being transferred from:			Destination: Postcode OR place-name and county			Are these goods being transferred to:			Distance travelled Kms/Miles <i>(Delete as appropriate)</i>		Basic description of goods carried <i>See Page 5 of guidance notes</i> <i>For example Live animals, Household waste, Mail/parcels, Various food products etc</i>	Were these dangerous or hazardous goods? <i>Use codes found on page 5 of guidance notes</i>	Cargo type <i>See page 5 of guidance notes</i>	Weight of goods Kgs state unit used if other		Number of stops for:		
				Shipping port or docks	Rail siding or terminal	Airport				Shipping port or docks	Rail siding or terminal	Airport						Loaded	Unloaded	Loaded	Unloaded	Loading only
Example	CT21 5BQ						CT21 5BQ						18 25	25 18	BREAD		RC	6,750 6,750		1 10 0		
Mon																						
Tue																						
Wed																						
Thu																						
Fri																						
Sat																						
Sun																						