

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:		Flat/drop sided		<input type="checkbox"/>
<input type="checkbox"/> 130	<input type="checkbox"/> 222	<input type="checkbox"/> 322	Box/non specialised		Temperature controlled		<input type="checkbox"/>
<input type="checkbox"/> 130	<input type="checkbox"/> 223	<input type="checkbox"/> 323	Curtain sided		Liquid tanker		<input type="checkbox"/>
<input type="checkbox"/> 140	<input type="checkbox"/> 232	<input type="checkbox"/> 332	Solid bulk tanker		Livestock carrier		<input type="checkbox"/>
<input type="checkbox"/> 199	<input type="checkbox"/> 233	<input type="checkbox"/> 333	Car transporter		Tipper		<input type="checkbox"/>
Other rigid		Other rigid trailer		Other articulated		Other	
		<input type="checkbox"/> 299		<input type="checkbox"/> 399			

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.

Continuing Survey of Road Goods Transport (NI)

This information is required under the Statistics of Trade and Employment (NI) Order 1988

COMMERCIAL IN CONFIDENCE

Section A: Registered vehicle details

Name and address of registered keeper/operator:

Registration mark of vehicle being surveyed:

Survey week:
From: To:

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

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 Had no work Was being repaired Was used solely for site work

Was not used owing to holiday Was under going maintenance/MOT Had no driver Other

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 E: 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: <i>See page 4 of guidance notes</i>			Where did the trip cross the border: Postcode OR place-name and county OR ferry route	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: <i>See page 4 of guidance notes</i>			Distance Travelled <i>Kms/Miles</i> <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 Kgs state unit used if other		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	Empty				Space? (Y/N)	Weight? (Y/N)		
Example	BT2 8GB CORK TRAIN STATION, CO. CORK				NEWRY, ULSTER NEWRY, ULSTER	CORK TRAIN STATION, CO. CORK ST GEORGE'S MARKET, BELFAST					421	0		NP	5000	N	N	
Mon																		
Tues																		
Wed																		
Thurs																		
Fri																		
Sat																		
Sun																		

Section F: 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: <i>See page 4 of guidance notes</i>			Where did the trip cross the border: Postcode OR place-name and county OR ferry route	Destination: Postcode OR place-name and county	Are these goods being transferred to: <i>See page 4 of guidance notes</i>			Furthest stop from Origin: Postcode OR place-name and county	Distance Travelled <i>KMs/Miles</i> <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 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 dock	Rail siding or terminal	Airport			Shipping port or docks	Rail siding or terminal	Airport		Loaded	Empty				Loaded	Unloaded	Loading only	Unloading only	Loading and unloading
Example	BT78 1AR				BT78 1AR	BANGOR, CO. DOWN				18	25	BREAD		RC	6,750	6,750	1	10	0	
Mon																				
Tue																				
Wed																				
Thu																				
Fri																				
Sat																				
Sun																				