

Continuing Survey of International Road Haulage by UK Registered Vehicles

This information is required under Section 1 of the Statistics Trade of Act 1947
COMMERCIAL IN CONFIDENCE

Questions about this form?

Tel: 0207 944 8580
Email: IRHS.STATS@dft.gov.uk
(Please quote reference number 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

Section A: Survey details

Reference number: _____

Survey period: From: _____ to: _____

Please complete a **separate form** for each vehicle that left the UK during the survey period

Section B: Business details

1. Please estimate the number of international trips that will be made by your firm in the next 12 months

2. If your firm no longer carries out any international road haulage activities please indicate why: **(Please tick one option, else go to question 3)**

Firm has ceased trading

Firm only carries out domestic work

ONCE COMPLETE, GO TO QUESTION 10 ON PAGE 2 OTHERWISE GO TO QUESTION 3

3. If no vehicles in your fleet were used during the survey period please state why: **(Please tick one option, else go to question 4)**

No international work during this period No vehicles available for international work

Firm on holiday during this period Other

All vehicles in repair

IF NO VEHICLE WAS USED, GO TO QUESTION 10 ON PAGE 2 OTHERWISE GO TO QUESTION 4

4. How was this vehicle being operated during the survey period? **(Please tick one option)** On own account For hire and reward

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

6. Does your firm employ fewer than 10 people in total nationally? **(Please tick one option)** Yes No

Section C: Vehicle activity

7. Registration mark of vehicle Date of leaving the UK DD MM YYYY
Date returning to the UK DD MM YYYY

8. 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

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

Rigid vehicles

Rigid



Other rigid 199

Rigid and trailer



Other rigid and trailer 299

Articulated vehicles

Articulated



Other articulated 399

Articulated trailer type

Please indicate the type of trailer used:

Flat/drop sided

Box/non specialised

Temperature controlled

Curtain sided

Liquid tanker

Solid bulk tanker

Livestock carrier

Car transporter

Tipper

Other

Section D: Details of trips made by the vehicle

Outward trip - from the UK		On leaving the UK was your vehicle:			Return trip - to the UK		On returning to the UK was your vehicle:			Please state the total round trip distance Kms/Miles <i>(Delete as appropriate)</i>	Please state countries travelled through in box below. e.g. FR-France, CH- Switzerland,
UK port of departure	Foreign port of arrival	Carrying its full capacity by Space? (Y/N)	Carrying its full capacity by Weight? (Y/N)	Empty? (Y/N)	Foreign port of departure	UK port of arrival	Carrying its full capacity by Space? (Y/N)	Carrying its full capacity by Weight? (Y/N)	Empty? (Y/N)		

Section E: Consignments carried

	Consignments				Place of loading		Place of unloading	
	Basic description of goods carried E.g. bread, furniture, household goods	Were these dangerous or hazardous goods? Please indicate the nature of the goods using the codes found in the accompanying notes.	Cargo type e.g. Palletised	Weight of goods Kgs <i>state unit used if other</i>	Place-name and country	Stop Number	Place-name and country	Stop Number
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

Section F: Contact & certification details

10. 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 that this will be validated against official data.

Signed Date

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