



Please tick where appropriate

The undersigned hereby requests approval for the vehicle described below.

Details of the vehicle

Mark _____
Type _____
Trademark _____
Number of identification _____
EEG-category N2 N3 M2 M3 (G) _____

Technically approved masses and loads (kg)

Permissible max mass (GVW)	_____	Max mass semi-trailer with brakes	_____
Max load axle no. 1	_____		
Max load axle no. 2	_____	Max mass autonomous trailer with brakes	_____
Max load axle no. 3	_____		
Max load axle no. 4	_____	Max mass central-axle trailer with brakes	_____
Max load axle no. 5	_____		
Max mass of the combination (GCW)	_____	Max mass trailer without brakes	_____

Function

To be used as a Buschassis Truckchassis Tractorchassis

Remarks

Signing

- Data manufacturer

Name _____
Address _____
Postal code / City _____
Phonenumber _____
Fax number _____ Seal of the manufacturer _____

- Signing on behalf of the manufacturer

Name _____
Function _____
Date _____
Signature _____