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#### **Section 1**

#### Company details

Company name:			
Company address:			
	I		
	Postcode:		
Telephone:	Facsimile:		
Email:	Primary contact:		
VAT number:	Company Reg. number:		
Business type: Limited Company Sol	e Trader Partnership Plc		
Foreign (Please state)			
If <b>Sole Trader</b> , please provide home address in 1 be If <b>Partnership</b> , please provide full names and addre			
1.			
2.			
3.			
Please state any <b>industry body memberships:</b>			
Please advise if you hold any accreditation such as	s ISO9001:		
Do you have an Environmental policy?	Yes No		
Do you have an anti-bribery and corruption policy?	Yes No		
Do you have a formal Health and Safety Policy?	Yes No		
Public Liability Insurance			
Name of Insurer:			
Policy number:	Expiry date:		
Please state maximum liability in any one claim:			
Please state any exclusions:			

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Please state which of the following you provide	: Road fr	eight	Sea freig	ght Air	freight
Section 2 (Road freight only)					
Do you operate your own vehicles?				Yes	No
If <b>yes</b> please confirm your Operators License numbe	r:				
Do you carry Dangerous Goods?				Yes	No
If <b>yes</b> to the above please provide us with the follow	ving;				
Name of Dangerous Goods Advisor:					
Certificate number:		Expiry da	te:		
Which classes can you <b>NOT</b> carry?:  Do all your vehicles carrying dangerous goods compl	ly with A[	DR legislati	on?	Yes	No _
Do all your drivers who undertake dangerous goods hold training certificates?	movemer	nts		Yes	No
In addition, have these drivers received security traint ADR Chapter 1.10?	ning in re	lation		Yes	No
You must ensure that any driver collecting dangerous identification, including their photograph, throughout Chapter 1.10.1.4. This is in addition to all safety equ	t the dura	ition of the	e carriage	in compliar	
Good in Transit/Freight Liability insu	rance				
Name of Insurer:					
Level of insurance: CMR BIFA RH	Α	Other (Ple	ease State	e)	
Policy number:	Expiry d	ate:			
Please state maximum liability in any one claim:					
Please state any exclusions:					





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If you operate your own vehicles please fill in the below.

Vehicle Safety		
Name of CPC holder:		
Certificate number:		
Recruitment Checks		
Do you make recruitment checks to validate the identity of drivers?	Yes	No
Do you obtain identification of drivers, such as driver's license and passport?	Yes	No
Do you make periodical reviews of such documentation?	Yes	No
Do you subcontract?	Yes	No
If you sub-contract please fill in the below.		
Do you ensure that your subcontractors hold parallel Goods in transit		
cover to your own?	Yes	No
Do you ensure that your subcontractors hold adequate Public Liability insurance?	Yes	No
Do you ensure that your subcontractors comply with all provisions of ADR where applicable?	Yes	No
Do you ensure that your subcontractors make, and periodically review Recruitment checks to validate their identity and suitability for their role?	Yes	No
Do you ensure that your subcontractors give due consideration to Health		
& Safety?	Yes	No
Do you ensure that your subcontractors hold a CPC license?	Yes	No
Do you ensure that your subcontractors maintain their vehicles?	Yes	No
Do you enquire as to your subcontractor's opinions towards environmental issues?	Yes	No
Do you monitor your subcontractors' performance and de-list unsatisfactory subcontractors?	Yes	No

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### Section 3 (Sea freight only) Do you facilitate for the sea movement of hazardous cargo in accordance with IMDG? Yes When facilitating sea movement in accordance of IMDG have all persons involved received training commensurate with their duties? Yes Good in Transit/Freight Liability insurance Name of Insurer: Level of insurance: BIFA Other (Please State) \_ Policy number: Expiry date: Please state maximum liability in any one claim: Please state any exclusions: **Section 4 (Air freight only)** Do you facilitate for the air movement of hazardous cargo in accordance with IATA? When facilitating air movement in accordance of IATA have all persons involved received training commensurate with their duties? Yes Good in Transit/Freight Liability insurance Name of Insurer: Level of insurance: IATA CAA Other (Please State) \_ Policy number: Expiry date: Please state maximum liability in any one claim: Please state any exclusions:





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### Section 5 (All)

On behalf of (Company name):				
Name of person completing this form:				
Position/Status of person completing this form:				
Signature:	Date:			

