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Company details

Company details		
Company name:		
Company address:		
	Postcode:	
Telephone:	Facsimile:	
Email:	Primary contact:	
VAT number:	Company Reg. number:	
Please state any industry body memberships:		
Please advise if you hold any accreditation such a	as ISO9001:	
. ,	ole Trader Partnership Plc	
If Sole Trader , please provide home address in 1 b		
If Partnership , please provide full names and addr	esses of all partners.	
1.		
2.		
3.		
Insurance details - Good in Transit		
Insurer's company name:		
Address:		
	Postcode:	
Telephone:	Facsimile:	
Email:	Primary contact:	
Level of insurance: CMR BIFA R	HA UKWA Other	
Policy number:	Expiry date:	
Please state maximum liability in any one claim:	Currency: Value:	
Please state any exclusions:	· · · · · · · · · · · · · · · · · · ·	

Please provide a **copy of your current policy** when submitting this form.

Head Office: Unit 1, Birch Business Park, Whittle Lane, Heywood, Lancashire OL10 2SX **T** 01706 248 001 **F** 01706 248 002 **E** email@ital-logistics.com **www.ital-logistics.com**





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Insurance details - Public liability

Insurer's company name:	
Address:	
	Postcode:
Telephone:	Facsimile:
Email:	Primary contact:
Level of insurance: Currency	Value
Policy number:	Expiry date:
Please state any exclusions:	
Name of DGSA:	
Address:	
	De de de
Talanhana	Postcode:
Telephone:	Facsimile:
Telephone: Email:	
Email:	Facsimile:
Email:	Facsimile: Primary contact:
Email: Please provide a copy of your DGSA's	Facsimile: Primary contact: certification when submitting this form.
Email: Please provide a copy of your DGSA's Which classes can you NOT carry? Do all your vehicles carrying dangerou	Facsimile: Primary contact: certification when submitting this form.

You must ensure that any driver collecting dangerous goods on our behalf should carry means of identification, including their photograph, throughout the duration of the carriage in compliance with ADR Chapter 1.10.1.4. This is in addition to all safety equipment referred to in ADR Chapter 8.1.





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Recruitment Checks

In the transport of any goods, driver identity is important, particularly when handling dangerous goods.

Do you make recruitment checks to validate the identity of drivers?				
Do you obtain identification such as Driving Licenses and Passports?				
Do you make periodical reviews of such documental	ion?			
Health & Safety				
Good practice in the areas of Health & Safety is impe	rative for all perso	ons concerned, not ju	ist for your	
own employees, but the persons whom the driver an	d your vehicles m	ay come into contact	with during	
the logistical chain, including the public.				
Do you have a formal Health & Safety policy?				
Is this internally or externally managed?				
Do you hold any accreditation in this regard? If so, please state.				
If you operate you own vehicles, please complete thi	c coction. If not t	ick thic box		
Name of CPC holder:	s section. If not, t	ick this box		
	s section. If not, t	ick this box		
Name of CPC holder:	s section. If not, t	ick tills box		
Name of CPC holder:	Postcode:	ick tills box		
Name of CPC holder:		ICK UIIS DOX		
Name of CPC holder: Address:	Postcode:			
Name of CPC holder: Address: Telephone:	Postcode: Facsimile: Primary contact:			
Name of CPC holder: Address: Telephone: Email:	Postcode: Facsimile: Primary contact: cation when subr	mitting this form.		
Name of CPC holder: Address: Telephone: Email: Please provide a copy of your CPC holder's certifi	Postcode: Facsimile: Primary contact: cation when subr	nitting this form.		





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Environment	
The ways in which we operate are a continual growing concern amongst politic there is damning evidence in this regard, we should respect these concerns are respect to the environment, ensuring sustainability for future generations.	,
Do you have an Environmental policy? Yes No	
If yes, please provide a copy of your environmental policy when submitting please advise your intentions in this regard.	ng this form. If you do not,
Use of Subcontractors	
As standard, you should ensure that your subcontractors echo your ethos, as assessment form.	we are so doing in this short
Do you ensure that your subcontractors hold parallel Goods in Transit cover town?	o your
Do you ensure that your subcontractors hold adequate Public Liability insurar	nce?
Do you ensure that your subcontractors comply with all provisions of ADR whapplicable?	nere
Do you ensure that your subcontractors make, and periodically review recruit	tment
checks to validate their identity and suitability for their role?	-
Do you ensure that your subcontractors give due consideration to Health & S	afety?
Do you ensure that your subcontractors hold a CPC license?	
Do you ensure that your subcontractors maintain their vehicles?	
Do you enquire as to your subcontractors opinions towards environmental iss	sues?
Do you monitor your subcontractors' performance and de-list unsatisfactory subcontractors?	
FINALLY, please complete the box below ensuring that all supporting docume when submitting this form to ITAL Logistics Limited.	ents requested are enclosed
On behalf of (Company name):	
Name of person completing this form:	
Position/Status of person completing this form:	
Signature:	Date:

