

HAULIER REGISTRATION FORM

Transport Avenue
Brentford
Middlesex TW8 9HF

T 020 8380 9600

F 020 8380 9700

e email@daygroup.co.uk

www.daygroup.co.uk

Date :

Company Name:	
Contact Name:	
Office Tel No:	Mobile No:
Operating Centre Address:	Invoice Address (if different):
	V.A.T. No:
Operator Licence No:	Expiry Date:
C.P.C. Holder's signature:	Print name:
Waste Carriers Certificate No:	Expiry Date:
Vehicle Insurance Company:	Policy Number:
	Expiry Date:
Public Liability Insurance Company:	Policy No:
Expiry Date:	Value of Cover:

Please attach copies of:-

"O" Licence; Vehicle List; Insurance Certificates; Waste Licence (if applicable).