

Haulier Registration Form

Transport Avenue
Brentford
Middlesex TW8 9HF

T 020 8380 9600

F 020 8380 9700

e email@daygroup.co.uk

www www.daygroup.co.uk

Date:

Company	
Company Name:	
Trading Name <i>(if different)</i> :	
Address:	
Telephone Number:	
Email address:	
Contact Name:	
Contact Telephone Number:	
Contact email address : <i>(for remittance advice)</i>	
Operator Licence Number:	
Operating Centre Address:	
CPC Holder's Name:	
Vehicle Insurance : <i>(attach policy document)</i>	
Goods in Transit Insurance: <i>(attach policy document)</i>	
Public Liability Insurance : <i>(attach policy document)</i>	
Company Health & Safety Policy: <i>(attach policy document)</i>	
Waste Carrier's Registration Number:	
ISO 9001:2008:	
FORS Accreditation Number:	
TASCC Registration Number:	
Is your Company a member of MPA?	

DRIVERS	
How many Drivers do you employ?	
Do you use any drivers who are self-employed?	
Do you use Casual or Agency drivers?	
Total number of drivers:	
Do you supply your drivers with PPE?	
How many drivers have MPQC Driver Skills Cards?	
Do you provide CPC Training?	
Do you routinely check Driving Licences? Are copies taken?	
Method of checking Driving Licences?	

VEHICLES	
How many vehicles do you own and operate?	
8 x 4 tippers:	
Articulated vehicles with tipping trailers:	
Articulated vehicles with flatbed trailers - with curtain or cage sides or not?	
Others e.g. crane or lorry loader: <i>(please specify)</i>	
Do you sub-contract work to other hauliers?	
How is your maintenance schedule provided? -In-house or external? If external please give details of provider:	
Do any or all of your vehicles meet MPA's Vulnerable Road User specification?	
Do any or all of your vehicles meet Crossrail's specification, as per Part 26 of the Works Information?	
Do any or all of your vehicles meet the Highways Agency 'Chapter 8' standards?	

PAYMENT INFORMATION	
Bank Name:	
Sort Code:	
Account number:	
Cheque or BACS preferred?	

By signing this form you agree to abide by Day Group's Terms of Business (available for downloading from www.daygroup.co.uk)

Signed:

Print Name:

Position in Company:

Date:

Please return this form to:

Dominic Day, Transport & Distribution Director, at the address on Page 1.