



# Survey form for vessels in freight transport

Important notice: Please fill out one form per vessel.

Reporting office:

Vessel (name, number):

Vessel nationality (place and state of registration):

Loading capacity in tonnes:

Engine power in kW (self-propelled):

Day of border crossing (for cross-border transport and transit):

## Type of vessel <sup>1)</sup>

- Dumb barge  
  Pushed barge  
  Self-propelled barge  
  Self-propelled tanker barge  
  Pushed lighter  
  Lash  
  Tank lighter  
  Pushed-towed freight barge  
  Pushed-towed tanker barge

Place of loading:

Date of departure:

Travel direction:<sup>1)</sup>

- upstream  
  downstream

Place of unloading (i.e. place of transshipment):

Date of arrival:

Mode of transport:<sup>1)</sup>

- Receipt  
  Dispatch  
  National  
  Transit

## Transported goods

Number of containers				Roll-on/ Roll-off	Type of goods	Gross weight in kg
20 feet	40 feet	> 20 < 40 feet	> 40 feet			
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		

1) Please tick the appropriate boxes.