



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 ¹⁾

- 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:¹⁾

- upstream
 downstream

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

Date of arrival:

Mode of transport:¹⁾

- 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.