TO:
Aegean Motorway S.A.
Tel.: +30 2410 741440
Fax: +30 2410 741435

Date: / /

PASSAGE INFORMATION FORM FOR WORKS MACHINERY

Company:	
Contact person:	
Tel.:	Fax:
Email:	

This form must be sent to the offices of "Aegean Motorway S.A." by fax - 2410 741435 - Monday to Friday (9:00 am - 03:00 pm). The response shall be provided on the same day. Forms that are received after 15:00 will be date stamped on the following day.

Works machinery with license no. - permit no.:		
OR Protocol no. / date of temporary licence:		
Owned by:		
Type:		
Model:		
Chassis no.:		
Overall length:	Overall width:	Overall height:
Operating weight: tons	No. of axles:	
Weight per axle (distributed weight / no. of axles):		tons
Date of passage: (one day only)		

Time Period:

Mobile telephone no. of accompanying vehicle:
Proposed route (on Aegean Motorway):

Attached hereto is a sketch of the vehicle (all dimensions).

THE COMPANY

Seal - Signature