

TO:
AEGEAN MOTORWAY S.A.
Tel.: +30 2414 401010
Fax: +30 2410 741435
Email: mos@aegeanmotorway.gr

Date: / /

PASSAGE INFORMATION FORM FOR WORKS MACHINERY

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

This form must be sent by email or fax to "Aegean Motorway S.A." - Monday to Friday (9:00 am - 03:00 pm).
Forms that are received after 03:00 pm will be date stamped on the following working 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 (Sunrise to Sunset):

Mobile telephone no. of accompanying vehicle:
Requested route on Aegean Motorway (Raches - Kleidi):

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

THE COMPANY

Seal - Signature