

APPLICATION FOR CROSS BORDER PERMIT																							
Identity number / register nr of body*																							
PART A																							
Trade name																							
Surname / Name of body*																							
Initials and first names																							
Type of business One man Buss.			Partnership Priv Co.					Э,	Public Co. Close Corp.						p.	0	ther						
Postal addre	ess														-								
Street addre	ess					П		I			Ţ												
(If different	from above)			Ш		Ш			L_														
Telephone during day / contact person																							
Facsimile n	umber																						
Address where official documentation must be served				Postal address						Street address													
										PAR'	ΓВ												
Type of transport																							
		DED MA	mron.	T DAG	CENCI	ED GE	DVICI			_	2		Tor	70 4 6	IONIA	LINT	ED NI AT	TION	AT DA	CCENIC	TED C	EDVICE	
1 REGULAR INTERNATIONAL PASSENGER SERV 3 INTERNATIONAL TOURIST SERVICE						RVICI	4 GOODS TRANSPO								ERNATIONAL PASSENGER SERVICE								
Number of journeys																							
Required for period starting Y M D																							
Country of origin										ľ													
Transit country (if applicable)																							
Country of destination																							
Service frequency				Dai	Daily Bi-weekly Fortnightly Monthly											Other (specify	')					
	DECLARATION BY CARRIER / REPRESENTATIVE																						

		PART C
Route description Supply key town / city names		
Name the border post		Town / City
	Departure Point	
	Intermediate Points (Maximum of four)	
	Border Post	
	Intermediate Points (Maximum of four)	
	intermediate i onta (waxiirum ox rour)	
	Destination Point	
		PART D
Attach multiples of this form in the e	vent of an application for more than 1 vehicle f	for the same route / permit particulars
Make		
Year of manufacture		
Maximum number of passengers (If a	applicable)	
Tare		
Gross vehicle mass		
Registration number		
Chassis number		
The of action	Minibus max 15 seats Bus	Rigid Vehicle Truck Tractor Abnormal Other (specify)
Type of vehicle	VIIIIDUS MAX 13 Scats Dus	Aigu veincie Huck Hactor Abriothian Chief (opena)
Expiry date of certificate of fitness	Y	M D
Certificate of fitness number		
		Itation procedure ficial use only)
COMMENTE ON A PRI ICATION (1)	ST competent authority)	
DATE DISPATCHED TO SECOND COMPETENT AUTHORITY		Dispatched by:
COMMENT ON APPLICATION (1	st competent authority)	
DATE RECEIVED		
DATE DISPATCHED TO FIRST COMPETENT AUTHORITY		Dispatched by: