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|---------------|----------|
| Weighing date | Notation |
|---------------|----------|

Weighing Affidavit for Transport Exemption

Transport information:

| | |
|--|---------------------------|
| Exemption holder/vehicle owner | Place/weigh station |
| Load | |
| Reg. number of truck tractor (or mobile crane) | Reg. number of trailer(s) |

Check-weighed gross weight for vehicle/vehicle combination:

| | | |
|--------------------|--------------|---------------------------------|
| Truck tractor (kg) | Trailer (kg) | Entire vehicle combination (kg) |
|--------------------|--------------|---------------------------------|

Check-weighed axle loads for vehicle/vehicle combination:

| Axle no. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|-----------------|---|---|---|---|---|---|---|---|---|
| Wheel base (cm) | | | | | | | | | |
| Axle load (ton) | | | | | | | | | |

| Axle no. | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
|-----------------|----|----|----|----|----|----|----|----|----|
| Wheel base (cm) | | | | | | | | | |
| Axle load (ton) | | | | | | | | | |

The undersigned attests that the above information is correct:

| | |
|---|------------------|
| Signature of person in charge of check weighing | |
| Name in print | |
| Address | Traffic director |
| Postal code | Mailing address |
| Telephone | Fax |
| Email | |