

Application for an individual authorisation on the ADR in the port area

HKD 39

05/2022

Who fills in this form?

The company applying for an ad hoc deviation from the ADR for the road transport of dangerous goods.

Who receives this form?

The signed form should be sent to the following e-mail address: portsafety@portofantwerpbruges.com.

INFORMATION RELATING TO THE TRANSPORT

Applicant details

Name of applicant

Address

Postcode and town

Contact person

Telephone nr

E-mail address

Consignor details

Name of consignor

Address

Postcode and town

Contact person

Telephone nr

E-mail address

Trucking company details

Name of carrier

Address

Postcode and town

First issue date:	11/2014	Document:	Application for an individual authorisation on the ADR in the port area
Revision date:	05/2022	Reference:	
		Page:	
Drawn up by:		Manager:	OP/HSS

Contact person

Telephone nr

E-mail address

Consignee details

Name of consignee

Address

Postcode and town

Contact person

Telephone nr

E-mail address

Location of the goods

Location of shipment

Address

Postcode and town

Location of destination

Address

Postcode and town

Route: Provide the route description and indicate the itinerary to be followed on a map.

Travel distance (Km)

Calamity telephone number

Provide a telephone number that can be called in the event of an incident or accident during the transport. This number must be accessible during the transport.

Telephone number

Holder of this telephone number

Date of transport

Planned date of the transport

First issue date:	11/2014	Document:	Application for an individual authorisation on the ADR in the port area
Revision date:	05/2022	Reference:	
		Page:	
Drawn up by:		Manager:	OP/HSS

SPECIFICATION OF THE DANGEROUS GOODS

Information relating to the dangerous substances or products

Complete identification of the goods (*) _____

UN number _____

Danger class _____

Packing group _____

Danger labels _____

Net weight _____

Safety Data Sheet: Attach a copy of the SDS sheet of the relevant product to your application.

(*) *If necessary, the identification of the goods is supplemented with the technical name of the goods. In case of a so-called n.e.s. item or a collective entry, the technical name must be specified. Trade names shall not be used.*

Information relating to the packages/tanks

Type of container (*) _____

Packaging

Net contents of the package _____

UN package mark _____

Last inspection date of IBC(s) _____

Container

Container number(s) _____

Tank

(Tank) container number _____

Tank code _____

Net capacity of the tank _____

Last inspection date of the tank _____

(*) *Drums, IBCs, tank container, mobile tank, etc.*

(**) *Attach inspection report to your application.*

First issue date:	11/2014	Document:	Application for an individual authorisation on the ADR in the port area
Revision date:	05/2022	Reference:	
		Page:	
Drawn up by:		Manager:	OP/HSS

GENERAL INFORMATION

Conditions and requirements

Indicate the conditions and requirements from which a deviation is to be granted (specify paragraph's) from the ADR:

Justification of deviation application

Indicate why this deviation application is submitted:

Equivalent safety

Indicate how an equivalent safety level can be achieved:

Here you must indicate the measures taken by or on behalf of the applicant to ensure the safe transport of the goods.

Advice of the safety advisor

SIGNATURE

Place and date of application

Name of safety advisor applicant

(+ include attest)

Signature

Name of safety advisor carrier

(+ include attest)

Signature

Name of safety advisor location

(+ include attest)

Signature

First issue date:	11/2014	Document:	Application for an individual authorisation on the ADR in the port area
Revision date:	05/2022	Reference:	
		Page:	
Drawn up by:		Manager:	OP/HSS