

## TRANSPORTER REGISTRATION FORM

**Date:**

SR. NO	DESCRIPTION	VERIFICATION BY AUTHORITY
1	NAME OF THE FIRM :	
2	ADDRESS :  TEL.NO TELEX NO FAX NO :	
3	TYPE OF FIRM:Pvt Ltd /PublicLtd/ Partnership /Any other Pl specify	
4	NATURE OF BUSINESS:	
4	LIST OF CLIENTS for last 3 years: (Please attach list with major contract copies.	
5	APPROVAL REFERENCE OF BANKERS :	
6	ANNUAL TURN OVER for last 3 years:	
7	CONTACT PERSON's NAME ,DESIGNATION, TELEPHONE NO AND EMAIL ID:	
8a	REFERENCE OF THEIR REGISTRATION WITH TRANSPORT ASSOCIATION :	
8b	WHETHER CERTIFIED UNDER ISO 9000,ISO 14000,OHSAS 18000, IF YES, PLEASE SPECIFY	
9	DETAILS OF FLEET : (PLEASE ATTACH LIST IF REQUIRED)	
10	LIST OF BRANCHES with details: (PLEASE ATTACH LIST IF REQUIRED)	
11	Region / Zone specialised in:	
12	As applicable. (Encl.Certificate)	
12a	PAN NO:	
12b	GST NO:	
12c	MSME NO:	

I/WE CERTIFY THAT THE INFORMATION FURNISHED IS TRUE TO THE  
BEST OF MY KNOWLEDGE :

NAME	
DESIGNATION	
SIGNATURE	
DATE	