

## INSPECTION APPLICATION/ HANDLING FORM

Inspection and handling of VWA goods

Handling of perishables

### APPLICANT

Forwarder \_\_\_\_\_

Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

### INFORMATION

Airwaybillnumber \_\_\_\_\_

Flight number /date \_\_\_\_\_

Handler \_\_\_\_\_

Arrival date/ time (local time) \_\_\_\_\_

Number of packages \_\_\_\_\_

Gross weight (kg) \_\_\_\_\_

Contents \_\_\_\_\_

Country of origin \_\_\_\_\_

Country of destination \_\_\_\_\_

Inspection application VWA \_\_\_\_\_

### INSPECTION APPLICATION VWA

Date \_\_\_\_\_

Time (15 min per gdb) \_\_\_\_\_

Number of crossing border documents \_\_\_\_\_

Inspection facility type (only VWA)      HC       NHC       AVI

Shipment will be collected at (date/ time) \_\_\_\_\_

### EXTRA ACTIVITIES / REMARKS

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