

Proof of identity for collections

To the Kombiverkehr Agency at _____ handling terminal.
(Town/City)

We _____ hereby provide proof of identity
(Name and location of contractor)

of Mr/Ms _____
(Surname and name of contract driver)

to undertake in our name at the handling terminal above:

(1) **one-off** collection of loading unit no. _____
(rail code, registered trailer number or ISO container code)

(2) **until revoked** collection of loading units forwarded by Kombiverkehr KG,
Frankfurt am Main

Insofar as hazardous goods are to be forwarded by the loading unit entered at (1), we confirm **as a one-off proof of identity** (1) that the undersigned is aware of the contents to be forwarded and that the driver named in this document has all the necessary licences in accordance with ADR.

We confirm the **proof of identity until revoked** (2) that the driver named in this document has the ADR licences specified below. Kombiverkehr KG will provide immediate written or email advice of any future changes to this information, in particular with regard to any changes in this individual's identity status.

ADR certificate valid until	Certified for tankers*	Certified for Cl.1 Hazardous Goods
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

* Please tick as applicable.

(Town/City and date)

(Contractor's legally valid signature and stamp)

Please send this document to:

Kombiverkehr GmbH & Co. KG, Ressort ZAB, Postfach 94 01 53, D-60459 Frankfurt am Main
Phone +49 (0)69/7 95 05- 2 63, Fax +49 (0)69/7 95 05 -2 29, Email: input@kombiverkehr.de