



VOSA BRAKE TEST TRAILER INFORMATION SHEET

SECTION A - USER'S DETAILS

Trailer Operator

Full address

Contact name:

Tel:

Fax:

Brake calculation Number:
(if available)

SECTION B - TRAILER DETAILS continued

Trailer Manufacturer

Chassis Number

Fleet Number

Axle Codes
(CHECK AXLE NAMEPLATE AND ENTER DETAILS IN THE BOX BELOW)

↓ 10 DIGITS	↓ 9 DIGITS
FRONT AXLE	FRONT AXLE
MIDDLE AXLE	MIDDLE AXLE
REAR AXLE	REAR AXLE

SECTION B - TRAILER DETAILS

Customer reference no:

Predominant tractor unit:

Trailer System: EBS ABS
(tick one)

Trailer Type: Centre axle drawbar trailer
(tick one) Drawbar trailer
Semi-trailer

Trailer Model: Flat bed Fluid tank
(tick one) Box van Silo tank
Skeletal Curtainsider
Bulk tipper Low loader
Reefer Other

Operational Use: Fully laden %
(in percent) Light laden %
Unladen %

Axle Nameplate

Example:

Distance Covered (kms)

DATE	MONTH	YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date Entered Service

DATE	MONTH	YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Failure

DATE	MONTH	YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>

PLEASE USE THIS SECTION TO ADD FURTHER NOTES

**Return to: TECHNICAL DEPARTMENT
FAX 0116 281 6141**

PLEASE FORWARD COPY OF VOSA BRAKE TEST FORM

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