

DRIVER'S DECLARATION FORM AT DISPOSAL FACILITIES

To: Staff-in-Charge

I, _____, Identification/NRIC No: _____,
(Name)

driver of vehicle registration number: _____, DECLARE that I have physically checked and confirm that:

- a) **the bin/compactor is properly locked and secured to the vehicle, and**
(delete if vehicle does not have a bin/compactor)

- b) My vehicle's Max Laden Weight is _____ kg
My vehicle's gross weight is _____ kg (weighbridge reading)
My vehicle is* / is not* overloaded.
(delete where not applicable)*

Company Name: _____

Company Address: _____

Contact No: _____

Driver's signature

Date/Time