

SCHEDULE to MOVEMENT LICENCE No: *

PLEASE USE BLOCK CAPITALS

* Denotes Required Information

1. Despatching Premises Name:***2. Plant Health Notice Ref No
or Processing Licence Ref No: *****3. Date load left Premises: *****4. Haulier Name: *****5. Driver Name: ***

6. Vehicle Registration No:

7. Trailer ID:

8. Despatch Note No/PIN
(if applicable)**9. Name of Destination: *****10. Processing Licence No
of Destination: *****11. Route to destination: *****12. Date arrived at Destination: ***

NOTES:

- A separate Movement Licence Schedule must accompany each load leaving the infected site
- A copy of the relevant Movement Licence must be attached to this Schedule