

**APPENDIX 7b – APPLICATION FOR REIMBURSEMENT  
for non-military vehicles of more than 3.5 t GVW in the scope of PfP-SOFA**

APPLICATION NUMBER: ..... (to be filled out by ASFINAG!)

**APPLICATION**

**Page 1**

according to section 5 (1)(3) Federal Road Tolls Act and section 3.3.1 Tolling Regulations Part B for the reimbursement of the accounted distance-related toll

I / we apply for the reimbursement of the accounted time-related toll for the following vehicle. I / we confirm, that the vehicle was used within the meaning of section 3.3.1, third subparagraph, Tolling Regulations Part B.

**1. TIME OF THE TRIP**

Date of the single trip: ..... Time of the trip: from ..... till .....

Distance covered (motorway junctions from - till): .....

**2. INFORMATION ABOUT THE VEHICLE**

Nationality / Vehicle registration number: ..... / .....

Vehicle type / number of axles: ..... / .....

GO-Box number (if known): .....

**3. INFORMATION ABOUT THE VEHICLE'S REGISTERED OWNER**

First and last name (company name): ..... / .....

Address: .....

Contact person: .....

Phone / Fax / E-mail: ..... / ..... / .....

**4. BANK DETAILS OF THE REGISTERED OWNER OF THE VEHICLE**

Bank: .....

Bank code number (BIC / SWIFT Code): .....

Bank account number (IBAN): .....

Please ask for these details (BIC/SWIFT and IBAN), if not already known, at your bank.  
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**5. ATTACHMENTS**

To ensure proper processing of your application, the following documents are to be attached to the application form:

- NATO-form (EUFOR, KFOR, US ARMY, ...), military way-bills or similar, which fit exactly to the vehicle registration number and show the correct date.
- Pre-pay receipt for pre-pay GO-Boxes
- if applicable receipts for retroactive payments

The completed and duly signed form is to be sent by post or by fax to:  
ASFINAG Maut Service GmbH, Schnirchgasse 17, A-1030 Wien  
Fax: 0043 1 955 12 77

<p>..... Location, date</p>	<p>..... (Signature of the registered owner of the vehicle)</p>
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Nationality / Vehicle registration number: ..... / .....

**APPLICATION**

**Page 2**

according to section 5 (1)(3) Federal Road Tolls Act and section 3.3.1 Tolling Regulations Part B for the reimbursement of the accounted distance-related toll

**TIME OF FURTHER TRIPS**

Date of the (single) trip: ..... Time of the trip: from ..... till .....

Distance covered (motorway junctions from - till): .....

Date of the (single) trip: ..... Time of the trip: from ..... till .....

Distance covered (motorway junctions from - till): .....

Date of the (single) trip: ..... Time of the trip: from ..... till .....

Distance covered (motorway junctions from - till): .....

Date of the (single) trip: ..... Time of the trip: from ..... till .....

Distance covered (motorway junctions from - till): .....

Date of the (single) trip: ..... Time of the trip: from ..... till .....

Distance covered (motorway junctions from - till): .....

Date of the (single) trip: ..... Time of the trip: from ..... till .....

Distance covered (motorway junctions from - till): .....

Date of the (single) trip: ..... Time of the trip: from ..... till .....

Distance covered (motorway junctions from - till): .....

Date of the (single) trip: ..... Time of the trip: from ..... till .....

Distance covered (motorway junctions from - till): .....

Date of the (single) trip: ..... Time of the trip: from ..... till .....

Distance covered (motorway junctions from - till): .....

Date of the (single) trip: ..... Time of the trip: from ..... till .....

Distance covered (motorway junctions from - till): .....

Date of the (single) trip: ..... Time of the trip: from ..... till .....

Distance covered (motorway junctions from - till): .....

.....  
Location, date

.....  
(Signature of the registered owner of the vehicle)