

**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!)	
<b>APPLICATION</b>	
<b>Page 1</b>	
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.	
<b>1. TIME OF THE TRIP</b>	
Date of the single trip: ..... Time of the trip: from ..... till .....	
Distance covered (motorway junctions from - till): .....	
<b>2. INFORMATION ABOUT THE VEHICLE</b>	
Nationality / license plate number: ..... / .....	
Vehicle type / number of axles: ..... / .....	
GO-Box number (if known): .....	
<b>3. INFORMATION ABOUT THE VEHICLE'S REGISTERED OWNER</b>	
First and last name (company name): ..... / .....	
Address: .....	
Contact person: .....	
Phone / Fax / E-mail: ..... / ..... / .....	
<b>4. BANK DETAILS OF THE REGISTERED OWNER OF THE VEHICLE</b>	
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.	
<b>5. ATTACHMENTS</b>	
To ensure proper processing of your application, the following documents are to be attached to the application form:	
<ul style="list-style-type: none"> <li>• NATO-form (EUFOR, KFOR, US ARMY ...), military way-bills or similar, which fit exactly to the license plate number and show the correct date.</li> </ul>	
The completed and duly signed form is to be sent by post or by fax to:	
ASFINAG Maut Service GmbH, Schnirchgasse 17, 1030 Wien, Austria	
Fax: +43 1 955 1277	
..... Location, date	..... (Signature of the registered owner of the vehicle)

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

**APPLICATION**

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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): .....

.....  
Location, date

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