

**GOVERNMENT OF ANDHRA PRADESH  
COMMERCIAL TAXES DEPARTMENT**

**FORM 616**

**TRANSIT PASS**

[ See Rule 58 (2) ]

ORIGINAL / DUPLICATE / TRIPLICATE

Date    Month    Year

01. Tax Office Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Serial Number:

Particulars

1. Time and Date	
2. Registration Number of the goods vehicle	
3. Destination (Place and State)	
4. Description of the goods	
5. Quantity	
6. Value	
7. L.R. No. and Date	
8. Name and address of the owner/transport agency	
9. Serial Number of the declaration in Form 615	
10. Name of the last check post in the State to be crossed by the vehicle with the time and date within which it should cross	

**(Signature of the Officer-in-charge  
Of the first check post)**

This is to certify that the above vehicle crossed this last check-post at \_\_\_\_\_  
(hour) on \_\_\_\_\_

**(Signature of the Officer-in-charge  
Of the last check post)**