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| Peso Max <input style="width: 80%;" type="text"/>             |                                                |                                                 | Ingombro Max <input style="width: 80%;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Peso e Ingom. totali <input style="width: 80%;" type="text"/> |                                                |                                                 | <input style="width: 80%;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

[illegible]

|          |  |              |  |                      |             |
|----------|--|--------------|--|----------------------|-------------|
| Tipo     |  | Prop.        |  | Locaz.               |             |
|          |  |              |  |                      | Peso Volume |
|          |  |              |  |                      |             |
|          |  |              |  |                      |             |
|          |  |              |  |                      |             |
|          |  |              |  |                      |             |
|          |  |              |  |                      |             |
|          |  |              |  |                      |             |
|          |  |              |  |                      |             |
| Peso Max |  | Ingombro Max |  | Peso e Ingom. totali |             |

[illegible][illegible]