



Application for Appointment as an Inspection Body for Tanks and/or Pressure Equipment

Company Name:		Contact Name:	
Address:		Title:	
Phone:		Phone:	
Fax:		Fax:	
Email:		Email:	
Website:			

I hereby apply for approval as an inspection body for the following:

Old Road Tanks	Road Tanks constructed before 10 May 2004 and NOT constructed to ADR Standards	Periodic examination	<input type="checkbox"/>
Old Rail Tanks	Rail Tanks constructed before 10 May 2004 and NOT constructed to ADR Standards	Periodic examination	<input type="checkbox"/>
ADR Tanks	All Road Tanks constructed after 10 May 2004 and Road Tanks constructed to ADR standards before 10 May 2004	Design/Construction Conformity assessment	<input type="checkbox"/>
		Initial examination at new construction and following repair	<input type="checkbox"/>
		Periodic examination in service	<input type="checkbox"/>
RID Tanks	All Rail Tanks constructed after 10 May 2004 and Rail Tanks constructed to ADR standards before 10 May 2004	Design/Construction Conformity assessment	<input type="checkbox"/>
		Initial examination at new construction and following repair	<input type="checkbox"/>
		Periodic examination in service	<input type="checkbox"/>

TPED Tanks	Road or Rail tanks for Class 2 and UN 1051, UN 1052 & UN 1790 only	Design/Construction Conformity assessment	<input type="checkbox"/>
		Initial examination at new construction and following repair	<input type="checkbox"/>
		Periodic examination in service	<input type="checkbox"/>
Transportable Pressure Equipment (except tanks)	Old pressure equipment	Periodic examination in service	<input type="checkbox"/>
	TPED	Design/Construction Conformity assessment	<input type="checkbox"/>
		Initial examination at new construction and following repair	<input type="checkbox"/>
		Periodic examination in service	<input type="checkbox"/>

* The Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations 2009

I confirm that we have made application to UKAS for accreditation

I agree that VCA and UKAS may exchange information relevant to making an appointment

Name:

Signature:

Dated:

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