

Acceptance Application for Vehicle Test and Calibration Equipment

1, Name and address of Applicant				
	Name of Primary Contact: - (and address if different from above)	Fax No: -	Telephone numbers: -	
	Contact Information	E-mail address		
2, Details of items to be approved	Name and description of item/s: -	Part Number/s: -		
Note: - Where documents are supplied which relate to more than one item of test equipment, please detail how these documents relate to the equipment to be approved.				
3, Please indicate that all of the following EU requirements have been met (if applicable) and that the relevant documentation has been included with this Approval Application: - (Copies of original documents will be acceptable with translations – where appropriate)				
<i>Please indicate as appropriate</i>			n/a	✓
4, Electromagnetic Compatibility Directive (EMC) 89/336/EEC <i>(Please detail Certificate Number and Issuing Authority on next page)</i>				
5, Low Voltage Directive 73/23/EEC <i>(Please detail Certificate Number and Issuing Authority on next page)</i>				
6, Machinery Directive 98/37/EEC <i>(Please detail Certificate Number and Issuing Authority on next page)</i>				
7, Any other Directive or Regulation that is relevant. <i>(Please detail Certificate Number/s and Issuing Authority on next page)</i>				
8, Please indicate that the detailed specification, including measurement tolerances, are included with this Approval Application. In particular the specification must cover all the relevant parameters relating to the function/s to be approved: -				
9, Please indicate that detailed drawings showing key dimensions and sealing points are included with this Approval Application: -				
10, Please indicate whether this test equipment approval is for use on any type of Tachograph, if not; please indicate below, which specific Tachographs it does apply to. If necessary attach further documentation to this Approval Application.				
Applies to : -				

Please place the appropriate response in each white box

Acceptance Application for Vehicle Test and Calibration Equipment

<i>Please indicate as appropriate</i>	n/a	✓
11. Please indicate that the methods used to demonstrate the accuracy of the equipment to be approved are included with this Approval Application. Also include details of any additional equipment needed to demonstrate accuracy. The description must also show that the calibration is traceable: - (ISO 17025 National/International Standard, UKAS Standards in the UK)		
12. Please indicate that information details on requirements for periodic accuracy checks are included with this Approval Application: -		
13. Please indicate that colour photographs and / or brochures are included with this Approval Application: -		
14. Please indicate that copies of Installation Manuals and / or set up instructions are included with this Approval Application: -		
15. Please indicate that copies of User Manual and / or Operating Instructions are included with this Approval Application.		

	Issuing Authority/Test House	Certificate Number
Details for Box 4		
Details for Box 5		
Details for Box 6		
Details for Box 7		

Practical Test; following the acceptance of the documentation provided, VOSA will request the Company to carry out testing of the equipment and forward a copy of the test results, on receipt of a copy of satisfactory test results, arrangements will be made to conduct any practical tests that may be deemed necessary to provide confidence in the equipment to VOSA. These tests will aim to verify that the equipment will perform the functions set out in the documentation in an accurate, reliable way.

The Vehicle and Operator Services Agency reserves the right to require an applicant to re-submit test equipment for further testing to verify the information supplied with this application.

Acceptance Application for Vehicle Test and Calibration Equipment

Declaration and Statement

I declare that the information given on this form in relation to this Approval Application is true to the best of my knowledge.

Signature of Applicant _____ Date _____

Print name _____

Status _____ For and on behalf of _____

Sole Trader (if a Sole Trader),
Partner (if a Partnership)
Director or Company Secretary (if a corporate body)

Data Protection

The personal information you provide on this form will be used for the purposes of VOSA's statutory functions. It will not be disclosed to other organisations unless required or permitted by law. For further information, visit our Information Charter available from VOSA's website: **www.vosa.gov.uk**