GV 212

Vehicle & Operator Services Agency

REGISTER OF TACHOGRAPH PLAQUES ISSUED

Name of Tachograph Centre _____

Seal Number of Tachograph Centre _____ Register for the month of _____ 20 ____

1 Registration/ Chassis No	2 Veh Type (~)	3 Tachograph details Type (+)	Head Serial No	4 Type of Insp (#)	5 W Turns/K m or Imp/Km	6 L mm	7 Date	8 Nom. Tech. Initials, login or smartcard number	9 Invoice Number

NOTE: Column 2 - (~) Please indicate 'G' for a goods vehicle or 'P' for a passenger vehicle
Column 3 - (+) Please indicate 'A' for analogue tachographs or 'D' for digital tachographs, a '*' must be added if evidence of tampering is observed.
Column 4 - (#) Please indicate 'I' for an installation or initial calibration, 'M' for a minor repair, 'R' for a Recalibration, '2' for a two yearly check, '6' for a six yearly check

THIS REGISTER TO BE RETAINED BY THE CALIBRATION CENTRE FOR AT LEAST 6 YEARS

An executive agency of the Department for Transport