

# Application for a Certificate of Initial Fitness or Notification of Compliance with Directive 2001/85/EC



## YOUR DETAILS

Please write in CAPITALS

Name:

Address:

Post Code:

Tel No:

Fax No:

Test Station name (or name of other premises) where you wish the vehicle to be examined. See Note below.

**Note:** Examinations are normally conducted at VOSA Test Stations. It may, however, be possible to conduct the examination at another location but only with the agreement of the Certifying Officer. Test Station staff will contact you to arrange for the examination to be carried out.

If the manufacturer has built the vehicle to the requirements of the Bus Directive 2001/85/EC please answer the following questions.

- Has the vehicle been type approved to the requirements of Directive 2001/85/EC (If so please enclose copy of the Type Approval Certificate) ☐
- Has the vehicle been built to the requirements of Directive 2001/85/EC but not been type approved? ☐
- Do you require a Notification of Compliance with Directive 2001/85/EC corresponding to the PSVAR requirements and additional PSVAR requirements? ☐

Which other tests do you require? (Please tick the appropriate box)

### Accessibility Certificate:

Schedule One - Wheelchair accessibility (buses and coaches) ☐

Schedule Two - General accessibility (buses) ☐

Schedule Three - General accessibility (coaches). ☐

Seat belt installation check required: ☐

Reduced Pollution Certificate required: ☐

### FEE DETAILS

Please ensure that you have enclosed the correct fee. (For current fees check with your local VOSA Test Station or contact the VOSA National Number on 0870 60 60 440). Cheques or postal orders should be crossed and made payable to "The Vehicle and Operator Services Agency". Please do not send notes or cash.

What is the value of your cheque or postal order:-

£

If you wish to pay from a pre-funded account write the account number here:-

### Declaration

I declare that, to the best of my knowledge, all statements made in this application are true.

Signed:

Name:

Date:

Please send this form to VOSA, Welcombe House, 91/92 The Strand, Swansea SA1 2DH

For VOSA use only

