

Application for PSV Accessibility Certificate

The Disability Discrimination Act 1995
The PSV Accessibility Regulations 2000

Name of applicant

Address

	Telephone

Where do you want to take the vehicle for examination?

Reg mark	Chassis (VIN) No.	<input type="text"/>
Chassis make	Chassis model	
Body make	Body model	

Please indicate below, by ticking the box, the level of compliance to be shown on the accessibility certificate and ensure the appropriate fee is enclosed.

Schedule One - Wheelchair accessibility (buses and coaches).

☐

Schedule Two - General accessibility (buses).

☐

Schedule Three - General accessibility (coaches).

☐

Notifiable alterations

Please give details on the back of this form of any alterations to the vehicle or its carrying capacity as a result of the accessibility features

Fee details

Please make crossed cheque or postal orders payable to 'Vehicle & Operator Services Agency' and write your name and address on the back. You can obtain current fee information from your local VOSA test station or PSV Centre, VOSA Ellipse, Padley Road, Swansea, SA1 8AN. Please send the completed form and fee to PSV Centre.

Please do NOT send cash

Cheque Postal Order No Value £

Signed

Print Name

Date

Details of Alterations

(please tick appropriate boxes and provide brief details of alterations below)

restrained wheelchair(s) ☐ unrestrained wheelchair(s) ☐

power operated ramp ☐ power operated lift ☐ portable ramp ☐

• brief details of any alterations:

• Carrying Capacity

Before Alteration

After Alteration

• Upper

• Lower

• Standing

Has the weight of the vehicle changed because of the alteration?

Do not write in this section (for VOSA use only)

Layout showing position of wheelchair(s) and wheelchair accessible doors.

Examiner: Please enter below any new (and approved) technical data e.g. carrying capacity, new weights.

Approved for wheelchair accessibility only ☐ Approved for general accessibility only ☐

Approved for both wheelchair and general accessibility ☐ Not approved ☐

Vehicle Examiner

Signed

Print Name

Office

Date