

Notification of an Alteration to a Public Service Vehicle

Please read all the **Notes** as you complete this form. Please use **BLOCK LETTERS** and **black ink**.

1. APPLICANT AND PRESENTER CONTACT DETAILS

OWNER / APPLICANT DETAILS

Title : Forename : Surname :

Company Name :
(If applicable)

Address :

Town / City :

Post code : Daytime Tel. Number :

Email Address :

PRESENTER DETAILS (if different from owner)

Title : Forename : Surname :

Company Name :
(If applicable)

Address :

Town / City :

Post code : Daytime Tel. Number :

2. TEST STATION DETAILS

Test Station Name (or name of other authorised premises)
where you would like the vehicle to be examined :

Note : You will be informed of the date and time for the examination. If you have not been contacted, please allow 3 clear weeks for your application to be processed prior to contacting the Certifying Officer.

3. VEHICLE DETAILS

Reg Mark : Full Chassis (VIN) No. :

	Make	Model	Year of Manufacture
• Chassis	<input type="text"/>	<input type="text"/>	<input type="text"/>
• Body	<input type="text"/>	<input type="text"/>	<input type="text"/>

• External Dimensions (mm) ► Height : Length :

A Notification can cover more than one vehicle providing the vehicles are of identical technical specification. Is this Notification for more than one vehicle? YES ☐ NO ☐

If **YES**, please complete the **Annex** to this application on **page 4**.

4. DETAILS OF NOTIFIABLE ALTERATION

Note : Details of notifiable alterations to a PSV are covered by Section 20 of the Public Passenger Vehicles Act 1981 as amended by Section 29 of the Transport Act 1985. The following notes are intended for guidance in completing this form.

Normal replacement of worn, defective or damaged parts, or components on a like for like basis are not notifiable.

Alterations to the following items are required to be notified :

- Chassis, frame or structure
- Steering, suspension, wheels or axles
- Carrying capacity
- Bodywork
- Braking system
- Fuel Type

Please give details of the alteration(s) below :

5. CHANGES TO CARRYING CAPACITY

Where the alteration changes the carrying capacity, please provide the following details :

	Before Alteration	After Alteration
• Upper Deck Capacity	<input type="text"/>	<input type="text"/>
• Lower Deck Capacity	<input type="text"/>	<input type="text"/>
• Standing Passengers	<input type="text"/>	<input type="text"/>
• Wheelchair Positions	<input type="text"/>	<input type="text"/>
• Crew Seats Fitted	<input type="text"/>	<input type="text"/>

6. Where an item has been added to the vehicle or the carrying capacity has increased, please indicate which of the following items are fitted :

Air Conditioning	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Wheelchair Lift	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Alloy Wheels	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Double Glazing	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Roof Mounted Air Conditioning	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Television / Video	YES <input type="checkbox"/>	NO <input type="checkbox"/>

7. TYPE OF SUSPENSION

Please provide the type of suspension fitted to each axle e.g. air, leaf etc :

Axle 1 kg Axle 2 kg Axle 3 kg Axle 4 kg

8. VEHICLE UNLADEN WEIGHT

Has the unladen weight changed as a result of the alteration? :

YES ☐ NO ☐

If 'YES' please provide the new weight : kg

Please Note : Evidence must be provided at the time of inspection.

9. DATA PROTECTION, DECLARATION & SIGNATURE

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.dft.gov.uk/vosa.

Declaration : I declare that as far as I know, the information given is true and correct.

Signature :

Date :

Print Full Name :

Please send all fully completed application forms to :

APPROVAL SECTION, VOSA, ELLIPSE, PADLEY ROAD, SWANSEA, SA1 8AN

Further information can be found on :

www.dft.gov.uk/vosa

or by contacting our **ENQUIRY LINE** on **0300 123 9000** or by email to enquiries@vosa.gov.uk

FOR OFFICIAL (VOSA) USE ONLY

Original Certification to : COIF

R107

DIR 2001/85

NOTES TO CERTIFYING OFFICER :

NOTES TO TaSS (SWANSEA) :

Layout of upper deck or alternative layout of lower deck

Front

Front

Layout of lower deck

The alteration notified above is hereby approved.

Signed :

Date :

Vehicle Examiner

Notification of an Alteration to a Public Service Vehicle (Annex)

OWNER / APPLICANT DETAILS

Title : Forename : Surname :

Company Name :
(If applicable)

VEHICLE 1

Reg Mark : Full Chassis (VIN) No. :

VEHICLE 2

Reg Mark : Full Chassis (VIN) No. :

VEHICLE 3

Reg Mark : Full Chassis (VIN) No. :

VEHICLE 4

Reg Mark : Full Chassis (VIN) No. :

VEHICLE 5

Reg Mark : Full Chassis (VIN) No. :

VEHICLE 6

Reg Mark : Full Chassis (VIN) No. :

VEHICLE 7

Reg Mark : Full Chassis (VIN) No. :

VEHICLE 8

Reg Mark : Full Chassis (VIN) No. :

VEHICLE 9

Reg Mark : Full Chassis (VIN) No. :

VEHICLE 10

Reg Mark : Full Chassis (VIN) No. :