

APPLICATION FOR A PSV ACCESSIBILITY CERTIFICATE (APPROVED TYPE) PSVA 6

Equality Act 2010 The PSV Accessibility Regulations 2000

FAILURE TO COMPLETE THE FORM ACCURATELY OR IN FULL COULD RESULT IN DELAYS OR REJECTION

1. APPLICANT DETAILS							
Title : Name :							
For and on Behalf of :							
Address (to where certificate will be sent):							
Post Code : Tel. No. :							
Email:							
2. VEHICLE DETAILS							
Registration Number (if applicable) :							
Chassis (VIN) Number :							
Date of Manufacture : Date of Registration* :							
*Please Note: Enter 'N/A' for date of registration if vehicle is not registered at time of application.							
Chassis Make : Chassis Model :							
Body Make : Body Model :							
I, the undersigned, apply for a Certificate of Conformity for the above vehicle, being a person authorised on behalf of the manufacturer/convertor of the above vehicle and hereby declare that the vehicle conforms to the requirements of the type vehicle described;							
in Type Approval number							
and granted by the Secretary of State on							
to the requirements of Schedules of the Regulations.							
Signed : Print Name :							
For and on behalf of : Date :							
(The body manufacturer / converter)							
Please Note: A typed 'Signature' is acceptable if sending your form electronically.							

3. DATA PROTECTION, DECLRATION AND SIGNATURE

DATA PROTECTION – We collect, use and store your personal data so that we can process your application for a PSV accessibility certificate (for an approved type).

We may share your personal data if we have a lawful reason. For example as part of a criminal investigation or to prevent fraud. Find out more at www.gov.uk/dvsa/privacy

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DECLARATION - I	confirm that, as far as I	know, all s	tatements in t	his applica	tion <u>are</u>	true.	
Signature :				Dat	e:		
Print Full Name :							
	Declaration' sections a		•				
	4. P <i>A</i>	AYMENT D	ETAILS				
 You can pay the application fee by one of the following methods: Cheques/Postal Orders - Payable to the 'Driver and Vehicle Standards Agency' (or 'DVSA') and only accepted with postal applications. Credit/Debit Card - If you choose to pay by this method, then once your application has been received, you will be contacted by email with instructions on how to arrange your card payment. DVSA Pre-Funded Customer Account - If you are a regular user of the scheme this is the quickest method to use. For pre-funded customer accounts, the signatory on the application must be a delegate authorised to use the account. Find out how you can apply for a DVSA pre-funded customer account. 							
You can see the Von 0300 123 9000.	ehicle Approvals fees	online or b	y telephoning	our Custo	mer Se	ervice Centre	
How are you paying for this application? (Please tick one box)							
CI	heque / Postal Order Payable to 'Driver and Vehicle Standards Agency' or 'DVSA' (only with postal applications).						
	Credit / Debit Card	Paym	Payment to be made after application is received.				
DVSA Pre-Funded	d Customer Account	Acco	unt 'C' No. :				
I hereby authorise the Driver and Vehicle Standards Agency to take the amount stated below from my bank / pre-funded customer account in respect of my application. £ .							
Signature details: Please sign and print your name below if you are either the card holder or DVSA account delegate. A typed 'Signature' is acceptable if sending your form electronically.							
Signature :				Date :			
Print Full Name :							

ON COMPLETION

Please attach your **fully completed** application to the **'Technical Application System' (TAS)** available on: **www.gov.uk/apply-vehicle-test-certificate-coach-bus**Should you experience problems accessing TAS, please try an alternative browser.

DVSA Customer Contact Centre: 0300 123 9000