APPLICATION FOR EXAMINATION AND CERTIFICATION OF A *UNIT/BATCH OF TRANSPORT EQUIPMENT

Please read the notes below carefully before completing this form.

Notes

1) Applications should be made as early as possible and in any case not less than 14 days before testing is required.

2) The current scale of fees is set out on GV 234, copies of which are obtainable from the addresses at 3 below.

3) This application must be forwarded to:
   Refrigerated Vehicle Test Centre
   c/o Cambridge Refrigeration Technology
   140 Newmarket Road
   Cambridge, CB5 8HE

accompanyed by a cheque for the appropriate fee made payable to Cambridge Refrigeration Technology (CRT). Where applicable travelling and subsistence costs will be payable in advance in addition to the prescribed fee.

4) Where batches of transport equipment are to be presented for inspection, only those units of similar manufacture and design are included in that batch.

5) The owner of the equipment will be required, if requested by the Inspecting Officer, to:
   a) Make available for examination those parts of the equipment as required by the Inspecting Officer.
   b) Place at the disposal of the Inspecting Officer all necessary documents (plans, test reports, specifications, invoices, details of modifications etc).

A. Application

I, the undersigned, apply for the examination and certification of a *Unit/Batch of Transport Equipment particulars of which are specified below to be authorised for the international carriage of perishable foodstuffs.

1. State the preferred place of examination: ..............................................................

2. Status of applicant (eg owner, operator): ..............................................................

* Delete as appropriate
Particulars of Transport Units(s)

3.1 Type (eg rigid vehicle, trailer, container etc) .................................................................

3.2 Designated Mark of ATP Classification required (see Annex 1 paragraphs 1-4 incl and Annex 1, Appendix 4 of the ATP Agreement Cmnd 6441) .................................................................

3.3 Number of Units to be presented ..........................................................................................

3.4 *Registration No(s)/Dtp Identification No(s) (if applicable) ....................................................

3.5 Type Approval (if applicable) ............................................................................................... 

3.6 Manufacturer. ....................................................................................................................... 

3.7 Model No. ..............................................................................................................................

3.8 Serial No. .............................................................................................................................. 

3.9 Chassis No. (If applicable) ....................................................................................................

3.10 Date of Manufacture ...........................................................................................................

3.11 Date of Entry into Service ......................................................................................................

3.12 Previous Method of Certification (If applicable) .................................................................

3.13 Details of Repairs Since Entry into Service .......................................................................... 

3.14 Supporting Documents (eg plans, test reports, specifications, invoices) provided: - .................

3.15 Details of Thermal Appliance (If applicable)

3.15.1 Make ...............................................................................................................................

3.15.2 Model and serial numbers ..............................................................................................

3.15.3 Date of fitting to body ......................................................................................................

3.15.4 Date of entry into service ............................................................................................... 

3.15.5 General description (eg energy source, refrigerant, nominal capacity at class temperature) .............................................................................................................................

3.15.6 Details of repairs since entry into service .........................................................................

NB: Where items of transport equipment to be presented are of different design types (i.e. produced under different application nos) details requested in questions 3.1 to 3.15.6 should be supplied on a separate sheet for each design type.

* Delete as appropriate
*The fee of £ ……………… is enclosed. Cheque number

Signature ……………………………………………………….. Date …………………………………….

Name (Block letters) ……………………………………………………………………………………………….

Position in Company ……………………………………………………………………………………………….

For and on behalf of: (Name and Address, including Postcode, of Company) ……………………

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………………………………………………………………………………………………………………………. 

Telephone Number: ………………………………………………………………………………………………..

B. Undertaking

I, the undersigned, being the operator of the transport unit of transport equipment described above agree upon receipt of a Certificate of Compliance to:

   a) Mark the load compartments with the distinguishing marks as appropriate to the ATP Classification (Annex 1, Appendix 4 of the ATP, Cmd 6441), and to remove these marks if the equipment ceases to conform to the requirements of the ATP Agreement or is taken out of service permanently.

   b) Notify a Certifying Officer of any alteration to the transport equipment which may affect its thermal efficiency.

   c) Maintain the equipment so that it continues to conform to the prescribed standard.

I understand that failure to comply with these undertakings may result in invalidation of the Certificate of Compliance and consequent enforcement action.

Signature ……………………………………………………….. Date …………………………………….

Name (Block letters) ……………………………………………………………………………………………….

Position in Company ……………………………………………………………………………………………….

For and on behalf of: (Name and Address, including Postcode, of Company) ……………………

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Note:

   a) The transfer of a certificate of Compliance.

If an item/items of transport equipment, for which Certificate(s) of Compliance is/are in force, is/are sold to another owner who wants to retain the Certificate(s) the person to whom the Certificate has been issued may submit it to a Certifying Officer with a request that the certificate(s) be amended and transferred accordingly.

   b) The surrender of a Certificate of Compliance.

A person to whom a Certificate of Compliance has been issued may surrender it to a Certifying Officer with a written statement by such a person that he wishes to surrender the Certificate; for instance, if the equipment no longer complies with the prescribed standard or is taken out of service.