



Driver & Vehicle
Standards
Agency

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 :	<input type="text"/>	Name :	<input type="text"/>
For and on Behalf of :	<input type="text"/>		
Address (to where certificate will be sent) :	<input type="text"/>		
<input type="text"/>			
Post Code :	<input type="text"/>	Tel. No. :	<input type="text"/>
Email :	<input type="text"/>		

2. VEHICLE DETAILS

Registration Number (if applicable) :	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>								
Chassis (VIN) Number :	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Manufacture :	<input type="text"/>				Date of Registration* :	<input type="text"/>									
<i>*Please Note : Enter 'N/A' for date of registration if vehicle is not registered at time of application.</i>															
Chassis Make :	<input type="text"/>				Chassis Model :	<input type="text"/>									
Body Make :	<input type="text"/>				Body Model :	<input type="text"/>									

I, the undersigned, apply for a Certificate of Conformity for the above vehicle, being a person authorised on behalf of the manufacturer/converter 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, DECLARATION 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

DECLARATION – I confirm that, as far as I know, all statements in this application are true.

Signature :

Date :

Print Full Name :

Please Note : All 'Declaration' sections above must be completed.

A *typed 'Signature'* is acceptable if sending your form electronically.

4. PAYMENT OPTIONS & DETAILS – POSTAL APPLICATIONS ONLY

If you choose to send your application by post, you can pay the required fee by one of several 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 [Vehicle Approvals fees online](#) or by telephoning our **Customer Service Centre** on **0300 123 9000**.

How are you paying for this application? (Please tick one box)

Cheque / Postal Order

☐

Payable to 'Driver and Vehicle Standards Agency' or 'DVSA' (only with postal applications).

Credit / Debit Card

☐

Payment to be made once application is received.

DVSA Pre-Funded Customer Account

☐

Account '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.

£

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Signature details : Please sign and print your name if you are the **DVSA customer account delegate**.

Signature :

Date :

Print Full Name :

ON COMPLETION

Use the service to [Apply for a vehicle test or certificate for a coach or bus](#) to send your **fully completed** form to the Driver and Vehicle Standards Agency (DVSA).

DVSA Customer Contact Centre - 0300 123 9000