



**APPLICATION FOR A PSV  
ACCESSIBILITY CERTIFICATE  
(NON-APPROVED TYPE)  
PSVA 1**

Equality Act 2010  
PSV Accessibility Regulations 2000

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

**1. APPLICANT AND VEHICLE DETAILS**

Name of applicant :

Company Name :

Address :

Postcode :  Tel. No.:

Email :

Registration Mark :

Chassis (VIN) No. :

Chassis Make :  Chassis Model :

Body Make :  Body Model :

Which **test location** would you prefer? :



Does the vehicle require an Accessibility Certificate to :

- i. **Schedule One** – Wheelchair accessibility (buses and coaches)? YES  NO
- ii. **Schedule Two** – General accessibility (buses)? YES  NO
- iii. **Schedule Three** – General accessibility (coaches)? YES  NO
- iv. the requirements of Annex VIII of ECE Reg. 107 or Annex VII of Directive 2001/85/EC (general requirements); and the requirements of Regulation 8 of Schedule 2 or Regulation 7 of Schedule 3 of the Act (destination equipment); a vehicle being already built/approved to the general requirements of ECE Reg 107 or Directive 2001/85/EC.  
NOTE : The fee payable in respect of an assessment to this item shall be the same as applicable to an assessment to two schedules. YES  NO
- v. the requirements of Regulation 8 of Schedule 2 or Regulation 7 of Schedule 3 of the Act (destination equipment only); being a vehicle already Approved to ECE Regulation 107 including full compliance with Annex VIII of that Regulation, or Directive 2001/85/EC including full compliance with Annex VII of that Directive.  
NOTE : The fee payable in respect of an assessment to this item shall be the same as applicable to an assessment to one schedule. (A copy of the vehicle's Certificate of Conformity will be required to be submitted) YES  NO



## 2. DETAILS OF ALTERATIONS

Please complete the appropriate boxes below and provide full details of any alterations to the vehicle or its carrying capacity as a result of changes to the vehicle to comply with the Accessibility requirements only. Changes **not** relating to compliance with the Accessibility Regulations must be notified on form **VTP5**.

<b>Restrained wheelchair(s)</b>	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>	<b>Unrestrained wheelchair(s)</b>	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
<b>Power operated lift</b>	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>	<b>Portable Ramp</b>	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
<b>Power Operated Ramp</b>	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>			

Please provide brief details below of any alterations ▼

**Is the vehicle is fitted with special features (that affect stability)?**

Air Conditioning **YES**  **NO**  If YES, please give the location in the box below ▼

Retarder	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>	If 'YES', please give type	<input style="width: 150px; height: 25px;" type="text"/>
Alloy Wheels	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>	Double Glazing	<b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>
Toilet	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>	Entertainment Monitor / Screen	<b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>
Crew Seats	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>	Crew Compartment	<b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>



**Carrying capacity :**

**Before alteration**

**After alteration**

<b>Upper</b>		
<b>Lower</b> (without wheelchair positions in use)		
<b>Lower</b> (with all wheelchair positions in use)		
<b>Standing</b>		
<b>Wheelchairs</b>		
<b>Crew seats</b>		

**2. DETAILS OF ALTERATIONS**

Has the weight of the vehicle changed because of the alteration? YES  NO

Please provide the following :

Maximum Length (cm)  Maximum Height (cm)  Wheelbase

**3. EXAMINATION REQUIREMENTS**

The conditions that apply at the time of examination are listed in the application appointment letter you will receive after your application has been processed.

**4. DATA PROTECTION & SIGNATURE DETAILS**

**DATA PROTECTION** – We collect, use and store your personal data so that we can process your application for a PSV accessibility certificate for a Non-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](http://www.gov.uk/dvsa/privacy)

**DECLARATION** –

I, the undersigned, declare that :

- The vehicle listed above will be built in accordance with the required standards contained in the relevant COIF/Accessibility Regulations.
- The conditions listed at item 3 will be met at the time appointed for the examination.

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 application electronically.**

Continued overleaf ►

## 5. PAYMENT DETAILS

You can pay the application fee by one of the following methods :

1. **Cheques/Postal Orders** - payable to the '**Driver and Vehicle Standards Agency**' (or '**DVSA**') and **only accepted with postal applications**.
2. **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.
3. **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 after application is received.
- DVSA Pre-Funded Customer Account**  Account 'C' No. :

I hereby authorise the **Driver and Vehicle Services 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 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](http://www.gov.uk/apply-vehicle-test-certificate-coach-bus)

Should you experience problems accessing TAS, please try an alternative browser or contact

**DVSA Customer Contact Centre :**

**0300 123 9000**