



**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.
- 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)



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**.

Restrained wheelchair(s)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Unrestrained wheelchair(s)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Power operated lift	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Portable Ramp	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Power Operated Ramp	YES <input type="checkbox"/>	NO <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	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If 'YES', please give type	<input style="width: 150px; height: 25px;" type="text"/>
Alloy Wheels	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Double Glazing	YES <input type="checkbox"/> NO <input type="checkbox"/>
Toilet	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Entertainment Monitor / Screen	YES <input type="checkbox"/> NO <input type="checkbox"/>
Crew Seats	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Crew Compartment	YES <input type="checkbox"/> NO <input type="checkbox"/>



Carrying capacity :

	Before alteration	After alteration
Upper	<input style="width: 200px; height: 25px;" type="text"/>	<input style="width: 200px; height: 25px;" type="text"/>
Lower (without wheelchair positions in use)	<input style="width: 200px; height: 50px;" type="text"/>	<input style="width: 200px; height: 50px;" type="text"/>
Lower (with all wheelchair positions in use)	<input style="width: 200px; height: 50px;" type="text"/>	<input style="width: 200px; height: 50px;" type="text"/>
Standing	<input style="width: 200px; height: 25px;" type="text"/>	<input style="width: 200px; height: 25px;" type="text"/>
Wheelchairs	<input style="width: 200px; height: 25px;" type="text"/>	<input style="width: 200px; height: 25px;" type="text"/>
Crew seats	<input style="width: 200px; height: 25px;" type="text"/>	<input style="width: 200px; height: 25px;" type="text"/>

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

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

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 Service Centre - 0300 123 9000