

## 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 app	olicable):									
Chassis (VIN) Number :										
Date of Manufacture :		Date of Registration	n* :							
*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 Appr	oval number									
and granted by the Secretary	y of State on									
to the requirements of Sche	dules			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 <a href="https://www.gov.uk/dvsa/privacy">www.gov.uk/dvsa/privacy</a>

DECLARATION - I	confirm that, as far as I k	now, all statem	ents in this a	application	n are true.	
Signature :				Date :		
Print Full Name :						
	eclaration' sections ab		•	_		
	4. PA	YMENT DETAIL	_S			
You can pay the app	plication fee by one of the	e following meth	nods :			
(or 'DVSA')  2. Credit/Debit has been re	ostal Orders - Payable to and only accepted with t Card - If you choose to eceived, you will be con	postal applicate pay by this m	i <b>tions.</b> ethod, then	once you	ur application	
<ol><li>DVSA Pre-F is the quicke application n</li></ol>	or card payment.  Funded Customer Accoust method to use. For properties to a delegate authonouse pre-funded custon	e-funded custor orised to use th	mer accoun	ts, the sig	natory on the	
You can see the <b>V</b> o on <b>0300 123 9000</b> .	ehicle Approvals fees o	nline or by tele	phoning our	Custom	er Service Cent	:re
How are you payir	ng for this application?	(Please tick on	e box)			
Cheque / Postal Order Payable to 'Driver and Vehicle Standards Agency' or 'DVSA' (only with postal applications).						y'
	Credit / Debit Card Payment to be made after application is received.					
DVSA Pre-Funded	Customer Account	Account 'C	' No. :			
	e the <b>Driver and Vehicle</b> ny bank / pre-funded cust					V
	Please sign and print yoegate. A typed 'Signatu					
Signature :			i	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**