



APPLICATION FOR A PSV ACCESSIBILITY
TYPE APPROVAL CERTIFICATE
PSVA 4

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"/>
Address :	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Postcode :	<input type="text"/>	Tel Number :	<input type="text"/>
Email Address :	<input type="text"/>		
Which test location would you prefer? :	<input type="text"/>		

2. VEHICLE DETAILS

Vehicle Registration Mark :	<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"/>	<input type="text"/>
Chassis (VIN) No.:	<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"/>	<input type="text"/>
Chassis Make :	<input type="text"/>					Chassis Model :	<input type="text"/>									
Body Make :	<input type="text"/>					Body Model :	<input type="text"/>									
Which level of compliance is to be shown on the accessibility certificate? (A separate vehicle specification form will need to be completed and submitted with this application). Wheelchair Accessibility Only <input type="checkbox"/> General Accessibility Only <input type="checkbox"/> Wheelchair and General Accessibility <input type="checkbox"/>																

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 type approval certificate.

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 :	<input type="text"/>		
Print Full Name :	<input type="text"/>	Date :	<input type="text"/>

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 :

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 Account** - If you are a regular user of the scheme this is the quickest method to use. For customer pre-funded 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](#). Alternatively, you can telephone 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 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.

£ .

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 Service Centre - 0300 123 9000