



The following table must be completed for any vehicle modifications

		Original		Modified	
EU Category <sup>1</sup>					
EU Bodywork Code <sup>1</sup>					
No. of seats (excluding driver)					
Wheel configuration (e.g. 4x2, 6x4)					
Un-laden Vehicle Weight (kg)					
DGWV (Design Gross Vehicle Weight) (kg)					
Gross Combination Weight (N1, N2 or N3 only) (kg)					
		Design weight	Suspension type	Design weight	Suspension type
Design Axle Weights (kg) and suspension type (air/leaf)	Axle 1				
	Axle 2				
	Axle 3				
	Axle 4				
	Axle 5				
Maximum kingpin load (semi-trailers only) (kg)					
Wheelbase Length (mm)					

I declare the information provided in relation to the vehicle referred to in this report:

- Is true and correct
- That the modifications/ repairs detailed above have been carried out to the vehicle such that the technical status and integrity of the vehicle and its other components and safety features have not been compromised and that the vehicle is safe to be used on the road and does not present a danger to the vehicle occupants or other road users.
- That the vehicle meets with the Road Traffic (Construction, Equipment and Use of Vehicles) Regulations (as amended) , the Road Traffic (Lighting of Vehicles) Regulations (as amended) and the Road Traffic (Construction and Use of Vehicles) Regulations (as amended)
- That the vehicle meets with the essential technical provisions of the EU Directives to which the modification relates for the year and category of vehicle concerned

I declare that (click on **one** of the following 3 boxes and complete all of the information necessary);

I am a suitably qualified individual (as per Note 2 Appendix 1). The following details must be provided

- Engineering/Technical Qualification (must be Level 7 or higher accredited course)  
Level \_\_\_\_\_ University / Institute \_\_\_\_\_ Programme \_\_\_\_\_  
Or  
Membership Grade with Engineers Ireland  
Associate  Chartered  Fellow   
Or  
Membership Grade with Institute of Automobile Engineers Assessors:  
Associate  Member  Fellow  Honorary Fellow
- Number of years' experience (minimum 5) \_\_\_\_\_
- Details of professional indemnity insurance (include company name (not broker), type of policy, expiry date)  
\_\_\_\_\_

I am an authorised representative of an Approved Test Centre (ATC) as appointed by the National Standards Authority for Ireland.

ATC Number (Unique identifier issued by NSAI)

I am the manufacturer/ authorised distributor/ convertor of the vehicle (delete as appropriate)

**Complete ALL of the following IN BLOCK LETTERS and sign the declaration below;**

Name of Certifying Person:

Signature of Certifying Person: \_\_\_\_\_

Company Name:

Position within company:

Company Address:

Email

Date of Certification:

Place of Certification:

Phone Number:

Official Stamp of the  
SQI/ ATC/  
Manufacturer

<sup>1</sup> As defined in Commission Regulation (EU) No 678/2011 of 14 July 2011

## Appendix 1

See **Note 2** below as extracted from the Modifications Report section of the HCV and LCV Tester Manuals;

- (2) A “suitably qualified individual” (SQI) must have:
- an Engineering/Technical Qualification (Level 7 or higher accredited courses<sup>1</sup>) or appropriate accreditation with Engineers Ireland<sup>2</sup> or the Institute of Automobile Engineer Assessors<sup>3</sup>
  - a minimum of 5 years experience of working in a suitable technical environment (preferably Automotive or Engineering Environment)
  - access to adequate facilities to carry out a thorough vehicle examination,
  - and
  - appropriate professional indemnity insurance,

1 See Engineers Ireland, Accredited Courses;

2 Associate, Chartered or Fellow Engineer

3 Associate, Member, Fellow or Honorary Fellow.