

STATUTORY TESTING

**APPLICATION FOR APPROVAL OF TEST EQUIPMENT
(Other than Exhaust Emission equipment)**

(June 2005)

Name of Manufacturer:		
Name of UK Agent, if different:		
UK Manufacturer/Agent address:		
Tel No:		
Fax No:		
E-mail:		
Type of Equipment to be submitted for approval:		
Make/Model Identification Number(s):		
Class of Vehicle(s) equipment is intended to be used for:		

The following items, if applicable, have been included with this application:

- | | | |
|----|--|---------|
| a. | A detailed specification for the test equipment | Yes/No* |
| b. | A detailed specification for the calibration equipment | Yes/No* |
| c. | Fully dimensioned assembly drawings of the test equipment | Yes/No* |
| d. | Fully dimensioned assembly drawings of the calibration equipment | Yes/No* |
| e. | Two copies of the User Manual for the test equipment | Yes/No* |
| f. | Two copies of the User Manual for the calibration equipment | Yes/No* |
| g. | Certification of the traceability of the calibration equipment | Yes/No* |
| h. | Sample of HBT aiming screen | Yes/No* |

* delete as applicable

On behalf of the above named Company I request approval of the equipment named above for use for MOT Testing:

Name (print): (sign):

Position: Date: