

STATUTORY MOT TESTING

**APPLICATION FOR APPROVAL OF
EXHAUST EMISSION EQUIPMENT
TO BE USED FOR STATUTORY MOT TESTING
(December 1999)**

Name of Manufacturer:		
Address of Manufacturer:		
Tel No:		
Fax No:		
Name of UK Agent (if different):		
Address of UK Agent:		
Tel No:		
Fax No:		
Type of Equipment to be submitted for approval:		Smoke Meter * Exhaust Gas Analyser *
Make Name		
Model Number		
Identification Number(s) <i>(if any)</i>		

* delete as applicable

The Make, Model and Identification Number(s) supplied in the table above will be used to identify the equipment when it is listed in the List of Approved Equipment.

The items ticked on the attached sheet(s) have been included with this application.

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

Name (print): (sign):

Position:

Company: Date: