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| CERTIFICATION lrg | **Application Form** |

# Application for Licence to operate as an Approved Workshop

# for

# Vehicle Adaptations of New Vehicles for Disabled Drivers

NOTE:

1. Before acquiring any installation and test equipment the applicant should consult NSAI to ensure that the proposed equipment is acceptable – POSSESSION OF SUITABLE EQUIPMENT ETC., DOES NOT IMPLY THAT APPROVAL SHALL BE GRANTED.
2. Separate applications should be made in respect of each premises for which the applicant may seek approval.
3. Copy of up-to-date Tax Clearance Certificate is required, submitted with completed application form.
4. When completed, this application with tax clearance certificate should be emailed to NSAI.

E-mail addresses: Amanda.oshea@nsai.ie or Jackie.mateer@nsai.ie

**Scope of Application**

This application is for (please tick appropriate box): [ ]

Scenario 1: Fitting hand controls to vehicles: [ ]

Scenario 2: Fitting swivel seats to vehicles: [ ]

Scenario 3: Fitting both hand controls and swivel seats to vehicles: [ ]

Scenario 4: Other: [ ]

*If other please specify:*

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**Details of the Applicant**

1. **Trade name and address:**

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Telephone number:

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Fax number:

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**2. Full address of premises at which it is proposed to conduct vehicle adaptations from, if different from above:**

|  |
| --- |
|  |

Telephone number:

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Fax number:

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**3. Nature of business or undertaking:**

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 (e.g. garage, dealer, motor vehicle repairer, etc.)

**4. Has the applicant previously made application for, or held appointment as an Approved Workshop for adaptation of vehicles for use by disabled drivers:**

 Yes [ ]  No [ ]

 If YES state:

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 The address of the premises at which it was previously proposed or did conduct business:

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 The trade name under which the application was made:

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**5. Hand controls**

 Complete for each type of hand control it is intended to fit:

|  |  |  |  |
| --- | --- | --- | --- |
| **Manufacturer** | **Series**  | **Range of Controlling Functions (e.g. brake, accelerator, indicators, etc.)** | **Range of vehicles specified by the manufacturer** |
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**6. Swivel seats**

Give brief description of swivel seat system:

*(e.g. articulation, mechanically/electrically operated, using original vehicle seat etc.)*

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Complete for each type of swivel seat it is intended to fit:

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| **Manufacturer** | **Series** | **Range of vehicles specified by the manufacturer** |
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**7. Wheelchair stowage systems**

Give brief description of wheelchair stowage system:

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**Rooftop Systems**

Driver side:

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| **Manufacturer** | **Series**  | **Range of vehicles specified by the manufacturer** |
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Passenger side:

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| **Manufacturer** | **Series**  | **Range of vehicles specified by the manufacturer** |
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 System for use in Boot /Luggage space:

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| **Manufacturer** | **Series**  | **Range of vehicles specified by the manufacturer** |
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**8. Other equipment for installation in vehicles for disabled drivers**

 *(e.g. infra red systems, etc.)*

Give brief description of the nature of the equipment and controlling function:

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Complete for each separate device fitted:

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| --- | --- | --- |
| **Manufacturer** | **Series**  | **Range of vehicles specified by the manufacturer** |
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**9. Equipment:**

 The following items of equipment must be retained at the applicant’s premises:

1. A designated work area.
2. All tools required by the various equipment manufacturers.
3. Applicable workshop tools consisting of:
* Measuring equipment (tape, steel rule, vernier calipers, etc.,)
* Socket sets.
* Spanners.
1. Access to pit or lift where necessary.
2. Lock-up cabinet of robust construction for the storage of records.

The items of measuring equipment referred to at (c) above that require calibration, shall be calibrated as necessary and current calibration certificates shall be displayed in the designated area referred to at (a) above.

**10. Names of persons wholly employed at the applicants premises who have successfully completed manufacturers training courses for the various systems for installation:**

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| --- |
| Equipment manufacturer |
| Hand controls | Name of fitter | Date of certificate | Certificate Issued by |
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| Swivel seats | Name of fitter | Date of certificate | Certificate Issued by |
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| Wheelchair stowage systems | Name of fitter | Date of certificate | Certificate Issued by |
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| Other systems | Name of fitter | Date of certificate | Certificate Issued by |
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The original certificates must be framed and displayed in the designated area referred to at point 9 (a) on the previous page.

 **Please** **Note:** **Copies of training certificates must be submitted with this application**.

**11. Declaration**

I declare that I have checked the information given in this application and that to the best of my knowledge and belief it is true and correct.

I also undertake to abide by the conditions stated below under which approval may be granted and I understand that failure to comply with such conditions may result in withdrawal of approval by NSAI.

If approved, I undertake to:

1. Inform NSAI of any proposed change in the information provided in this application form.

(b) Ensure that only adequately trained fitters employed on a full time basis at the premises, carry out vehicle adaptations, records of whom will be maintained by NSAI

(c) Ensure that all relevant items of test equipment are calibrated to a standard acceptable to NSAI annually.

(d) Maintain records of adaptation work undertaken at the premises, the adequacy of such records to be directed and evaluated by NSAI.

(e) Grant to NSAI all necessary facilities to inspect all records, test equipment, calibration certificates and training certificates.

(f) To submit to NSAI upon termination of approval, whether voluntary or withdrawal by NSAI, all records.

 (h) Abide by all relevant provisions of Irish Regulations pertaining to conversion of vehicles for use by disabled drivers.

(i) Comply with the procedures prescribed by NSAI as regards adaptation of vehicles for use by disabled drivers.

Signature: Date:

Name (print): Status:

 ***This application must be signed by the proprietor in the case of a private***

***business, or by a Director or the Secretary of a limited liability company***