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| Details of applicant | | | | | | | | | |
| Company Name: | | |  | | | | | | |
| Registered Address: | | |  | | | | | | |
| Telephone Number: | | |  | Email Address: |  | | | | |
| details of proposed workshop | | | | | | | | | |
| Full address of tachograph workshop (if different from above): | | | | | | | | | |
|  | | | | | | | | | |
| Telephone Number: | |  | | Email Address: |  | | | | |
| Nature of the business or undertaking, e.g. garage, motor vehicle repairer / operator, main dealer, etc.: | | | | | | | | | |
|  | | | | | | | | | |
| Has the applicant previously held approval as a tachograph workshop? | | | | | | Yes |  | No |  |
| If YES state | The address of the workshop: | | | | | | | | |
| The trade name of the workshop: | | | | | | | | |
| The seal number (if approval was granted): | | | | | | | | |
| Has the applicant or any member of the applicant’s staff been employed as an Approved Tachograph Fitter? | | | | | | Yes |  | No |  |
| If YES, please give details: |  | | | | | | | | |

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| DETAILS OF PROPOSED FITTERS | | | | |
| Names of the persons wholly employed at the applicants premises who have successfully completed a tachograph training course by NSAI: | | | | |
| **NAME** | **CERTIFICATE DATES** | | **CERTIFICATE ISSUED BY** | |
| **From** | **To** |
|  |  |  |  | |
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| **CHECKLIST** | | | | |
| **DOCUMENTS TO BE INCLUDED AND ACTIONS TO BE UNDERTAKEN** | | | | |
| Fitter 1 Training Certificate | | | |  |
| Fitter 2 Training Certificate | | | |  |
| Tax Clearance Certificate | | | |  |
| Authorised signature on page 5 | | | |  |

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| NOTES | |
| 1 | Before completing this form, the applicant is advised to read carefully the Tachograph Regulations of the Department of Transport. |
| 2 | If this application is made in connection with a proposed change in an existing approval, please attach an explanatory note. |
| 3 | 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 |
| 4 | Separate applications should be made in respect of each premises for which the applicant may seek approval. |
| 5 | The Tachograph Programmer shall be re-calibrated at least every six months and current calibration certificates shall be displayed in the designated tachograph work area. Any such certificates shall be obtained from a body recognized by NSAI for that purpose. |
| 6 | When completed, this application should be forwarded to:  NSAI,  Certification Services  1 Swift Square  Northwood  Santry  Dublin 9  Tel: 01-8073800  Email: [Julie.elliot@nsai.ie](mailto:Julie.elliot@nsai.ie) or [amanda.oshea@nsai.ie](mailto:amanda.oshea@nsai.ie) |

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| EQUIPMENT | | |
| The following items of equipment (additional to the requirements of Analogue Tachograph equipment) must be retained at the applicant’s premises: | | |
| 1 | A designated work area for the completion of all tachograph work | |
| 2 | Digital Tachograph programmer (for confirming and updating Digital Tachograph parameters). | |
| 3 | Digital Tachograph Electronic Database and PC (for producing tachograph sheets and calibration plaques and for holding customer records). | |
| 4 | Digital Tachograph download device | |
| 5 | A safe for storage of workshop cards, seals, plaques & pliers. The following security provisions must be in place for the purpose of effecting secure storage of workshop smart cards:  The following security provisions must be in place to ensure secure storage of workshop smart cards: | |
| (a) | Access to the security arrangements must be restricted to the approval holder, their nominated fitters and workshop staff with specific permission to have access. |
| (b) | An underfloor safe for the storage of tachograph sealing equipment and workshop cards outside working periods. It must have an insurance rating of €9000 and a statement from the installer that the installation complies with the manufacturer’s instructions and the requirements of the insurance rating. |
| (c) | A safe meeting the same insurance requirements but that is secured to a solid floor or wall, may be used if the installation of a floor safe is not possible due to the original building design. |

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| **DECLARATION** | | | |
| I 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 | | | |
| 1 | Inform NSAI of any proposed change in the information provided in this application form. | |  |
| 2 | Ensure that at least two approved digital tachograph fitters are employed on a full time basis at the premises. | |  |
| 3 | Ensure that all staff & fitters are competent, reliable, of good repute and in good health. | |  |
| 4 | Ensure that all relevant items of test equipment are calibrated to a standard acceptable to NSAI at least once every six months. | |  |
| 5 | Maintain records of tachograph work undertaken at the premises (including details of any irregularities which are picked up during tachograph calibrations), the adequacy of such records to be directed and evaluated by NSAI. | |  |
| 6 | Grant to NSAI all necessary facilities to inspect all records, test equipment, calibration certificates and training certificates. | |  |
| 7 | To submit to NSAI upon termination of approval, whether voluntary or withdrawal by NSAI, all records, and workshop cards & sealing pliers. | |  |
| 8 | To immediately inform NSAI of the loss of any workshop cards. | |  |
| 9 | Abide by all relevant provisions of Irish and/or EC Regulations pertaining to analogue and or digital Tachographs. | |  |
| 10 | Comply with the written procedure prescribed by NSAI as regards installation, calibration and testing of analogue and or digital tachographs. | |  |
| 11 | Where there could be a perceived conflict of interest (i.e. calibrating the companies own vehicles or those of a relative), to ensure that this is clearly noted on the job record card. | |  |
| **AUTHORISED SIGNATURE** | | | |
| **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** | | | |
| **PRINT NAME** | |  | |
| **SIGNATURE** | |  | |
| **POSITION** | |  | |
| **DATE** | |  | |
|  | | | |