

Vehicle IVA Configuration Sheet for Adapted Vehicles for Disabled Drivers

Items to be included with this form are ⁽¹⁾ :	✓
Copy of the Certificate of Conformity (COC) for the vehicle.	<input type="checkbox"/>
Photographs of: - Adaption (clear photographs of the adaption, showing all modifications to base vehicle systems). ⁽²⁾ - Statutory plate (base vehicle manufacturer's plate). - 2 nd stage plate (please refer to supporting documents for suggested templates). - Date code and Serial Number (marked clearly and indelibly on adaption).	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Job Card	<input type="checkbox"/>
Drawings, Specifications (<i>must be available to NSAI on request</i>)	<input type="checkbox"/>

All documents shall be sent electronically using NSAI ShareFile System.

Photographs shall be uploaded directly in image format to ShareFile with supporting documents.

An incomplete application will not be processed further and will be returned to the applicant for completion

Submission Details:	
Licensed Workshop Name ⁽³⁾:	
Licence Number:	
Telephone Number:	
Email:	

Office Use Only:	
IVA Number:	Date Received:
VIN:	

⁽¹⁾ List not exhaustive and NSAI can request further items depending on the finished vehicle.

⁽²⁾ Refer to Disabled Driver Scheme Guidelines for required photographs.

⁽³⁾ Must be able to facilitate vehicle recall if necessary and shall be named as approval holder of vehicle.



1 Swift Square, Northwood, Santry, Dublin 9. Tel: (01) 807 3800. Fax (01) 807 3844.

Vehicle Identification Number (VIN):

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Vehicle Information:

Vehicle details:	<i>Make:</i>	<i>Model:</i>
Vehicle status:	New: <input type="checkbox"/>	Registered: <input type="checkbox"/>
If registered, please provide vehicle registration number and date:	<i>Registration:</i>	<i>Date of registration:</i>
Transmission type:	Automatic: <input type="checkbox"/>	Manual: <input type="checkbox"/>
Vehicle is:	Left hand drive / Right hand drive <i>(please delete)</i>	
Speedometer Units:	Km/h: <input type="checkbox"/>	Mph: <input type="checkbox"/> Dual: <input type="checkbox"/>
Odometer reading (km):		

Adaption(s) Details:

Bill of Materials (BOM): _____ _____ _____ _____ _____ _____ _____	Hand controls:	<input type="checkbox"/>
	Swivel seat:	<input type="checkbox"/>
	<i>Driver/passenger (please delete)</i>	
	Seat rail extension:	<input type="checkbox"/>
	<i>Driver/passenger (please delete)</i>	
	Pedal adaption:	<input type="checkbox"/>
	Person lift/Boot hoist <i>(please delete)</i>	<input type="checkbox"/>
Other: <i>(Please provide details below)</i>	<input type="checkbox"/>	

Status of adaption:	New: <input type="checkbox"/>	Transfer: <input type="checkbox"/>
If transfer, please provide donor vehicle details:	<i>Make:</i>	
	<i>Commercial name:</i>	
	<i>Vehicle registration number:</i>	
	<i>IVA/VIN number:</i>	

Adaption(s) Details (Continued):				
Manufacturer	Type	Serial Number	Date Code	Certification e/E mark

Wheelchair/person hoist lifting capacity = ____ kg

Actual wheelchair/person hoist mass = ____ kg

Airbag Modifications: <i>Please provide details</i>	
Additional Information:	

Customer Details:	
Full Name:	
Address:	
Email:	
Telephone Number:	

The work carried out on this vehicle, as per the details above, has been carried out in accordance with the licence held by the adaptor, NSAI guidance and the manufacturer's instructions. The work has been verified for quality and safety by the licensed adaptor. No further adaption work shall be carried out on this vehicle without informing the NSAI. All details in this form and supporting documents are accurate to the best of my knowledge.

Adaptor Signature: _____ **Date:** _____

At no time shall the adaption(s) equipment listed in this document be modified or interfered with, unless by an NSAI licensed adaptor. All adaption(s) shall be serviced as per adaptors recommendations. The adaption(s) listed in this document suit the needs of the customer and/or occupants.

Customer Name (Print): _____

Customer Signature: _____ **Date:** _____