

Notification of accessibility changes to  
a Type Vehicle.  
The Disability Discrimination Act 1995



Vehicle & Operator Services Agency

Name of Applicant

Address

Vehicle type approval number(s) and, if applicable, carrying capacity variation letter(s)

Chassis make	Chassis model
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Body make	Body model Serial number (if applicable)
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**Brief details of changes to the accessibility features required by schedules .**

1*	2*	3*
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\* delete as appropriate  
Please ensure that an amended (accessibility) specification report for this vehicle type has been submitted.

**Fee details.**

The total fee will depend on the nature of the alteration and the number of vehicle types affected. This will need to be agreed with PSV technical staff (Swansea) before submitting the completed form and fee to PSV Section, Welcombe House, 91-92 The Strand, Swansea. SA1 2DH.

Please make crossed cheque or postal orders payable to "VOSA" and write your name and address on the back.

**Please do not send cash.**

Cheque  Postal Order  No.  Value £

Please withdraw this amount from our prefunded account - number

Signed  Print name  Date