

**Application for a Certificate
Of Type Approval.
Public Passenger Vehicle Act 1981**



Vehicle & Operator Services Agency

Name of Applicant

Address

	Tel: <input type="text"/>

Where do you want to take the vehicle for examination ?

Reg Mark	Chassis (VIN) No. (17 digits):
Chassis make	Chassis model:
Body make	Body model: Serial number (if applicable):

Carrying capacity	Seated Upper Deck:	Overall Length (mm):
	Seated Lower Deck:	Overall Height (mm):
	Standing:	Overall Width (mm):
	Wheelchair Passengers:	

Fee details.

Please make crossed cheque or postal orders payable to "VOSA" and write your name and address on the back. You can obtain current fee information from vosa.gov.uk or your local VOSA testing station or PSV Section, 91-92 The Strand, Swansea, SA1 2DH. Please send the completed form and fee to PSV Section.

Please do not send cash.

Cheque Postal Order No. Value £

Signed Print name Date