

Supplementary Application for a PV3(A)

Public Service Vehicle Licence

Initial Bus Test Only



PLEASE USE CAPITALS

1. Details of owner (Please give full name & address)

Name

Address

Postcode

Daytime Tel. No.

2. Details of vehicle

Registration Mark

Full chassis
(VIN) number

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Chassis

Body

Make	Model	Year of Manufacture

Engine

Make	Model	Fuel	Power (kw)

Design weights
(from manufacturer's plate)

Axle	Design weights (kg)
1	
2	
3	
GVW	

Please give location of manufacturer's

Chassis plate

Body plate

DV0F062 Issue 4 (10/20) Review Date (10/23)

2. Details of vehicle (continued)

Date of first registration in NI

Month and year of manufacture

Is the vehicle imported into NI
from outside the UK

Yes

☐

No

☐

If your vehicle has been registered
give the previous registration mark

If previously registered in GB give
date of registration

Special features (please tick the appropriate boxes if applicable)

☐	Reclining seats	☐	External roof rack	☐	Aux. engine/generator
☐	Laterally adjustable	☐	Double glazing	☐	Retarder
☐	Seats convert to bunks	☐	Toilet	☐	Exhaust brake
☐	Bunk beds	☐	Combustion heater	☐	Alloy wheels
☐	Crew seats	☐	Air conditioning	☐	Wheelchair fittings
☐	Crew compartment	☐	Cooker	☐	Wheelchair lift
☐	Table	☐	Refrigerator	☐	Wheelchair ramp
☐	Luggage pen	☐	Hot drink dispenser	☐	Restrained wheelchair space
		☐	Television/video	☐	Unrestricted w/chair space

Entrance door (operation and type)

☐ Manual	☐ Hinged	☐ Plug
☐ Electric	☐ Pivot	☐ Sliding
☐ Air	☐ Folding	

External dimensions

Overall length

 mm

Overall height

 mm

Type of suspension (e.g. air, leaf, etc.)

Axle 1

Axle 2

Axle 3

3. Number of passengers (maximum)

Seated upper deck

Seated lower deck

Standing

Wheelchairs

Has a maximum number of seats increased from the original?

Yes

☐

No

☐

If Yes, please provide a copy of the new carrying capacity authorisation.

Seatbelt installation

(For buses and coaches first registered before 1 September 2002)

(a) Does the vehicle have one or more non-mandatory seatbelts fitted to a forward facing seat?

Yes

☐

No

☐

(b) If Yes, has the vehicle passed a seatbelt installation 'A' Test as part of a previous annual Roadworthiness test of GB COIF inspection?

Yes

☐

No

☐

(c) If Yes, have extra seatbelts been fitted since the last installation or have permanent mountings been relocated?

Yes

☐

No

☐

4. Previous Tests/Licenses

Has this vehicle been previously licensed as a Public Service Vehicle in Great Britain?

Yes

☐

No

☐

If yes, please give COIF Certificate No. (Please provide copy)

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If your vehicle has been re-registered please give the previous registration mark

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Has this vehicle been issued with an Accessibility Certificate or GB/PSV?

Yes

☐

No

☐

If yes, please give the issue date and Certificate No. (Please provide copy)

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If no, and the vehicle is first used on or after 31 August 2003, has a seating capacity exceeding 22 passengers and is intended for use on scheduled (timetabled) services. Please submit a completed Application for a Public Service Vehicle Accessibility Certificate **DDA1** (include appropriate fee), together with this application. **Please note: The PSV Accessibility Test will be carried out at Mallusk Test Centre Only.**

5. Location of Test

The initial Bus Test will be offered at the following Centres only (please indicate preference)

Cookstown ☐ Mallusk ☐

Important Note: The Agency may require evidence that certain installations and/or systems have been type approved or tested to the requirements of the regulations.

Failure to complete this form accurately in full or to provide the relevant documents could result in delays or rejection.

DATA PROTECTION: The information provided on this form may be made available to other Departments/Agencies for the purposes of preventing or detecting crime. Your personal information will be managed in accordance with the Privacy Notice available at www.infrastructure-ni.gov.uk/dfi-privacy or by calling 0300 200 7861.