

## CVR-2

### APPLICATION FOR AUTHORISATION AS A NEW CVR TEST OPERATOR



Tástáil Ródacmhainneachta um Fheithiclí Tráchtála  
Commercial Vehicle Roadworthiness Testing

#### Who this application form is for

This form should be completed by an individual/sole trader or on behalf of a company or unincorporated association to apply for authorisation as a CVR test operator in respect of a new CVR testing centre in accordance with Section 9 of the Road Safety Authority (Commercial Vehicle Roadworthiness) Act 2012.

Your application will be considered in accordance with Sections 9 and 11 of this Act.

Any authorisation will be subject to specific conditions tailored to each CVR testing centre.

In completing this application, you should review the Conditions of Authorisation of CVR Test Operators (available at [www.cvrt.ie](http://www.cvrt.ie)) that will apply to any authorisation to operate as a CVR testing centre.

**Note that a separate application is required for each testing centre. This is the case even where a number of testing centres are under the same ownership or management.**

#### How to fill this form

Fill in the form on your computer by clicking your mouse in any field where you want to enter text and type your entry. (Do not use the Tab key in your entry.)

To tick a check box, use the spacebar or left-click the mouse in the box. Clear the box by pressing the spacebar again, or left-clicking again.

Alternatively, print the form and fill it in manually in **black ink**, using CAPITAL LETTERS.

The questions you need to complete on this form depend on the capacity in which you are making the application.

| If you are making an application ...             | ... then complete these sections of this form |
|--|---|
| ... in an individual capacity (as a sole trader) | 1, 4, 5, 6 and 7                              |
| ... on behalf of a company                       | 2, 4, 5, 6 and 7                              |
| ... on behalf of an unincorporated association   | 3, 4, 5, 6 and 7                              |

When you have filled in the form, print it out, **sign the declaration** at section 8, and submit it, along with the supporting documents, to the address shown below.

**Submit this application form along with the required supporting documents to:**

**CVR Authorisation Unit  
Road Safety Authority  
Clonfert House  
Bride Street  
Loughrea H62 ET93  
Co. Galway**

If you require any further information concerning the completion of this form, you can:

- Visit the Road Safety Authority website ([www.cvrt.ie](http://www.cvrt.ie))
- Contact the RSA Customer Service by telephone at 1890 40 60 40 during normal office hours
- Contact us by email at [CVRauthorisations@rsa.ie](mailto:CVRauthorisations@rsa.ie).

## Checklist

Applications will be accepted only if they are fully completed with all necessary documentation enclosed. Incomplete application forms will be returned to the applicant.

Please tick boxes in the checklist below to confirm that all necessary documentation is enclosed.

|  |                          |
|--|--------------------------|
| This application form with all relevant sections completed, as specified on the previous page, and the declaration form signed. Note that all 23 pages of the form must be returned. | <input type="checkbox"/> |
| Documentation demonstrating that you have sufficient financial resources or have access to such resources as per Section 5.1 of this form).  | <input type="checkbox"/> |
| Proof of current tax compliance. (as per Section 5.2 of this form).  | <input type="checkbox"/> |
| A letter from your insurance company ( <i>not your broker</i> ) detailing the insurance cover provided ( as per Section 5.3 of this form).   | <input type="checkbox"/> |
| If applicable, a completed and signed Conviction Notification Form – provided at Appendix A.   | <input type="checkbox"/> |

The Road Safety Authority reserves the right to seek additional information from you regarding your application.

## Fees in relation to CVR test operator authorisation

### Application fee

The fee for authorisation for a new CVR test operator is €8,500 where the proposed testing centre has one HCV and one LCV testing lane. The fee payable in respect of each additional testing lane is €6,000. Notification of fees will be made at the time that an offer of authorisation is made. Any fees paid are not refundable.

### Inspection fees in relation to application for authorisation

In relation to CVR testing centre inspections, there is no fee chargeable for the initial or first subsequent inspection. However a fee is chargeable for second subsequent or further inspections that the RSA may conduct to establish that a CVR testing centre has the premises, facilities, equipment and testers necessary to enable tests to be carried out.

## Data protection

Please note that all of the information requested on this form is necessary for the purposes of processing your application for authorisation as a CVR test operator. If you fail to answer any of the questions set out in the application form, it will not be possible to process your application for authorisation.

The details set out in your application form will be processed by the RSA and/or its service providers solely for the purposes of processing your application and, where you are successful, managing your authorisation as a CVR test operator or as otherwise permitted by law including, but not limited to, any use or disclosure of data permitted under the Road Safety Authority (Commercial Vehicle Roadworthiness) Act 2012.

The RSA will process your details in accordance with its obligations under the Data Protection Acts and Regulation (EU) 2016/679 General Data Protection Regulations (GDPR). This includes taking all reasonable steps, including appropriate technical and organisational security measures, to protect personal data.

The RSA may disclose personal data to its agents, contractors and service providers to the extent reasonably required for the purposes described above.

You have the following rights, in certain circumstances and subject to certain restrictions, in relation to your personal data:

- The right to access your personal data
- The right to request the rectification and/or erasure of your personal data
- The right to restrict the use of your personal data
- The right to object to the processing of your personal data
- The right to be forgotten in certain circumstances
- The right to receive your personal data, which you may have provided to us, in a structured, commonly used and machine-readable format or to require us to transmit that data to another controller.

If you wish to avail of any of these rights, please contact us at [dataprotection@rsa.ie](mailto:dataprotection@rsa.ie). Your request will be dealt with without undue delay and in any event within one month of receipt of the request.

## 1. APPLICANT DETAILS: INDIVIDUAL / SOLE TRADER

### 1.1 Personal details

|  |  |
|--|--|
| First name                             |  |
| Surname                                |  |
| Trading name (if different from above) |  |
| Testing centre address                 |  |
| Date of birth                          |  |
| PPS Number                             |  |
| Email address                          |  |
| Phone number                           |  |
| Mobile phone number                    |  |

### 1.2 Nature of business activity

Please indicate the nature of your business activity – tick all the boxes that apply.

|   |   |   |
|---|---|---|
| <input type="checkbox"/> Repair garage                  | <input type="checkbox"/> Dealership                   | <input type="checkbox"/> Testing centre |
| <input type="checkbox"/> Licensed road haulage operator | <input type="checkbox"/> Own-account haulage operator | <input type="checkbox"/> Bus operator   |
| <input type="checkbox"/> Other                          | If Other, please specify:                             |   |

### 1.3 Date of application

|  |  |
|--|--|
| Please enter the date on which you are making the application. |  |
|--|--|

### 1.4 Previous experience

|  |
|--|
| Are you currently or were you previously the holder of authorisation as a CVR tester? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> |
| If <b>Yes</b> , please provide the name and address of the testing centre.   |

|   |
|---|
| Are you currently or were you previously the holder of authorisation as a CVR test operator? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> |
| If <b>Yes</b> , please provide the name and address of the testing centre.  |

## 2. APPLICANT DETAILS: LIMITED LIABILITY COMPANY

### 2.1 General details

|  |  |
|--|--|
| Company name                           |  |
| Trading name (if different from above) |  |
| Registered address                     |  |
| Testing centre address                 |  |
| Company registration number            |  |
| Phone number                           |  |
| Email address                          |  |

### 2.2 Contact person in relation to this application

|                     |  |
|---------------------|--|
| First name          |  |
| Surname             |  |
| Position            |  |
| Phone number        |  |
| Mobile phone number |  |
| Email address       |  |

### 2.3 Nature of business activity

Please indicate the nature of your business activity – tick all the boxes that apply.

|   |   |   |
|---|---|---|
| <input type="checkbox"/> Repair garage                  | <input type="checkbox"/> Dealership                   | <input type="checkbox"/> Testing centre |
| <input type="checkbox"/> Licensed road haulage operator | <input type="checkbox"/> Own-account haulage operator | <input type="checkbox"/> Bus operator   |
| <input type="checkbox"/> Other                          | If Other, please specify:                             |   |

### 2.4 Date of application

|   |  |
|---|--|
| Enter the date on which you are making the application. |  |
|---|--|

## 2.5 Number of company officers

|   |  |
|---|--|
| Specify the number of company officers (directors and company secretary). |  |
|---|--|

## 2.6 Previous experience

|   |                              |                             |
|---|------------------------------|-----------------------------|
| Is the company or any related company currently or previously the holder of authorisation as a CVR test operator? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If <b>Yes</b> , please provide the name and address of the testing centre.  |                              |                             |

|  |                              |                             |
|--|------------------------------|-----------------------------|
| Is any director of the company or the company secretary currently or previously the holder of authorisation as a CVR tester? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If <b>Yes</b> , please provide the name(s) and address(s) of such persons.   |                              |                             |

## 2.7 Company directors and company secretary

Please provide details of *all* directors and the company secretary.

|                     |  |
|---------------------|--|
| First name          |  |
| Surname             |  |
| Position            |  |
| Address             |  |
| PPS Number          |  |
| Email address       |  |
| Phone number        |  |
| Mobile phone number |  |

|                     |  |
|---------------------|--|
| First name          |  |
| Surname             |  |
| Position            |  |
| Address             |  |
| PPS Number          |  |
| Email address       |  |
| Phone number        |  |
| Mobile phone number |  |

|                     |  |
|---------------------|--|
| First name          |  |
| Surname             |  |
| Position            |  |
| Address             |  |
| PPS Number          |  |
| Email address       |  |
| Phone number        |  |
| Mobile phone number |  |

Provide additional copies of this page if necessary.

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### 3. APPLICANT DETAILS: UNINCORPORATED ASSOCIATION

#### 3.1 General details

|  |  |
|--|--|
| Name of partnership, cooperative, etc  |  |
| Trading name (if different from above) |  |
| Testing centre address                 |  |
| Phone number                           |  |
| Email address                          |  |

#### 3.2 Contact person in relation to this application

|                     |  |
|---------------------|--|
| First name          |  |
| Surname             |  |
| Position            |  |
| Phone number        |  |
| Mobile phone number |  |
| Email address       |  |

#### 3.3 Nature of business activity

Please indicate the nature of your business activity – tick all the boxes that apply.

|   |   |   |
|---|---|---|
| <input type="checkbox"/> Repair garage                  | <input type="checkbox"/> Dealership                   | <input type="checkbox"/> Testing centre |
| <input type="checkbox"/> Licensed road haulage operator | <input type="checkbox"/> Own-account haulage operator | <input type="checkbox"/> Bus operator   |
| <input type="checkbox"/> Other                          | If Other, please specify:                             |   |

#### 3.4 Date of application

|   |  |
|---|--|
| Enter the date on which you are making the application. |  |
|---|--|

#### 3.5 Number of association officers

|   |  |
|---|--|
| Specify the number of association officers (partners or members of the management committee). |  |
|---|--|

### 3.6 Previous experience

|   |                              |                             |
|---|------------------------------|-----------------------------|
| Are you or any partner or member of your unincorporated association currently or previously the holder of authorisation as a CVR test operator? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If <b>Yes</b> , please provide the name and address of the testing centre.  |                              |                             |

|  |                              |                             |
|--|------------------------------|-----------------------------|
| Are you or any partner or member of your unincorporated association currently or previously the holder of authorisation as a CVR tester? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If <b>Yes</b> , please provide the name(s) and address(s) of such persons.   |                              |                             |



### 3.7 Partners or management members of the unincorporated association

Please provide details of *all* partners or (in the case of a cooperative or other unincorporated association) the secretary of the cooperative and all members of the committee of management.

|                     |  |
|---------------------|--|
| First name          |  |
| Surname             |  |
| Position            |  |
| Address             |  |
| PPS Number          |  |
| Email address       |  |
| Phone number        |  |
| Mobile phone number |  |

|                     |  |
|---------------------|--|
| First name          |  |
| Surname             |  |
| Position            |  |
| Address             |  |
| PPS Number          |  |
| Email address       |  |
| Phone number        |  |
| Mobile phone number |  |

|                     |  |
|---------------------|--|
| First name          |  |
| Surname             |  |
| Position            |  |
| Address             |  |
| PPS Number          |  |
| Email address       |  |
| Phone number        |  |
| Mobile phone number |  |

Provide additional copies of this page if necessary.

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## 4. THE PROPOSED CVR TESTING CENTRE TO WHICH THIS APPLICATION APPLIES

### 4.1 Opening hours

Please indicate below the normal opening hours for the proposed CVR testing centre.

|           | Opening Time | Closing Time |
|-----------|--------------|--------------|
| Monday    |              |              |
| Tuesday   |              |              |
| Wednesday |              |              |
| Thursday  |              |              |
| Friday    |              |              |
| Saturday  |              |              |

### 4.2 Person responsible for management

Please enter contact details of the person responsible for day-to-day management of the CVR testing centre. In the case of an individual/sole trader, this is the person who is making the application. Limited companies or unincorporated associations must nominate a person who has the appropriate level of responsibility to make decisions in relation to testing operations.

|                     |  |
|---------------------|--|
| First name          |  |
| Surname             |  |
| Position            |  |
| Address             |  |
| Email address       |  |
| Phone number        |  |
| Mobile phone number |  |

### Attendance at training course

The person responsible for the day-to-day management of the CVR testing centre is required to undergo an initial CVR test operator training course. These courses will be conducted by the nominated training provider. The RSA will be providing the nominated training provider with the contact details of the person named above regarding completion of this course.

### 4.3 CVR testing lanes proposed at the testing centre

|  |  |
|--|--|
| Number of Heavy Commercial Vehicle testing lanes |  |
| Number of Light Commercial Vehicle testing lanes |  |

**Note:** a minimum of one testing lane is required for each CVR vehicle type.

### 4.4 Number of anticipated tests

Please indicate the **number** of CVR tests that you expect to conduct at the proposed testing centre each year.

|                          |  |                          |  |
|--------------------------|--|--------------------------|--|
| Heavy Commercial Vehicle |  | Light Commercial Vehicle |  |
|--------------------------|--|--------------------------|--|

#### 4.5 Number of CVR testers

Please indicate the number of CVR testers that will be employed at the proposed testing centre to conduct Heavy Commercial Vehicle (HCV) and Light Commercial Vehicle (LCV) tests.

|          |                      |          |                      |             |                      |
|----------|----------------------|----------|----------------------|-------------|----------------------|
| HCV only | <input type="text"/> | LCV only | <input type="text"/> | HCV and LCV | <input type="text"/> |
|----------|----------------------|----------|----------------------|-------------|----------------------|

#### 4.6 Quality assurance and performance monitoring

|   |                          |
|---|--------------------------|
| Tick this box to confirm that you have quality control measures in place to deliver consistent CVR testing and that these are available for inspection. | <input type="checkbox"/> |
|---|--------------------------|

#### 4.7 Requirement to have ISO 9001 Certification

|  |                          |
|--|--------------------------|
| Please tick this box to confirm that you will provide a copy of your ISO 9001/CITA 9B Certification as soon as same is received, but in any event, within nine months of the commencement of your authorisation. | <input type="checkbox"/> |
|--|--------------------------|

#### 4.8 Planning and building regulations

|   |                          |
|---|--------------------------|
| Tick this box to confirm that the testing centre complies with the requirements of the Planning and Development Acts and all applicable Building Regulations. | <input type="checkbox"/> |
|---|--------------------------|

#### 4.9 Health and safety legislation

|   |                          |
|---|--------------------------|
| Tick this box to confirm that your practices and procedures and premises conform with the requirements of the Safety, Health and Welfare at Work Act 2005 and applicable Regulations. | <input type="checkbox"/> |
|---|--------------------------|

|   |                                     |                                    |
|---|-------------------------------------|------------------------------------|
| Have you ever been convicted of an offence under the Safety, Health and Welfare at Work Act 2005? | <b>Yes</b> <input type="checkbox"/> | <b>No</b> <input type="checkbox"/> |
|---|-------------------------------------|------------------------------------|

|   |
|---|
| If the answer is <b>Yes</b> , please state the nature and the date of the conviction. |
|---|

#### 4.10 RSA CVRT branding guidelines

RSA CVRT branding requirements are set out in the RSA's *Premises and Equipment Guidelines for CVR Test Operators*. This document is available on the RSA website at [www.cvrt.ie](http://www.cvrt.ie).

|   |                          |
|---|--------------------------|
| Tick this box to confirm that your testing centre complies with the RSA CVRT Branding Guidelines. | <input type="checkbox"/> |
|---|--------------------------|

#### 4.11 Recording of complaints

|  |                          |
|--|--------------------------|
| Tick this box to confirm that you have a system in place to record any complaints received by you in connection with the carrying out of CVR tests at your CVR testing centre. | <input type="checkbox"/> |
|--|--------------------------|

#### 4.12 Protection of personal data

|  |                          |
|--|--------------------------|
| Tick this box to confirm that you have measures in place to ensure compliance with the data security obligation of the Data Protection Acts. | <input type="checkbox"/> |
|--|--------------------------|

#### 4.13 Display of CVR Test Operator Authorisation

|   |                          |
|---|--------------------------|
| Tick this box to confirm that you have arrangements for displaying a CVR Test Operator Authorisation. | <input type="checkbox"/> |
|---|--------------------------|

#### 4.14 Recording of identification presented prior to testing

|  |                          |
|--|--------------------------|
| Tick this box to confirm that you have measures in place to record the type of ID (passport or driving licence) presented by a person prior to testing or retesting a vehicle. | <input type="checkbox"/> |
|--|--------------------------|

#### Conformance issues

Please explain (in writing) any issues that you may have regarding conformance with Sections 4.6 to 4.14.

#### 4.15 Towing and storage services

|   |     |                          |    |                          |
|---|-----|--------------------------|----|--------------------------|
| Are you interested in providing towing and storage facilities for CVR vehicles that are detained or immobilised as a consequence of enforcement activities? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|---|-----|--------------------------|----|--------------------------|

### 4.17 Names of proposed CVR testers

Please provide details of the CVR testers to be employed at the proposed CVR testing centre, and tick the boxes to indicate the types of vehicle they will test. In each case, tick the boxes to indicate that you have received proof that the proposed tester has completed the required initial or CPD training and is authorised as a CVR tester by the RSA.

| Name of proposed CVR tester | To test HCVs             | To test LCVs             | Proof of CVR tester training received | Proof of CVR tester authorisation received |
|-----------------------------|--------------------------|--------------------------|---------------------------------------|--|
|                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/>                   |
|                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/>                   |
|                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/>                   |
|                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/>                   |
|                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/>                   |
|                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/>                   |
|                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/>                   |
|                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/>                   |
|                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/>                   |
|                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/>                   |
|                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/>                   |
|                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/>                   |
|                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/>                   |
|                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/>                   |
|                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/>                   |
|                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/>                   |
|                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/>                   |
|                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/>                   |
|                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/>                   |
|                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/>                   |
|                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/>                   |
|                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/>                   |
|                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/>                   |
|                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/>                   |
|                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/>                   |
|                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/>                   |
|                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/>                   |
|                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/>                   |
|                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/>                   |
|                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/>                   |

#### 4.18 Details of test equipment for Light Commercial Vehicles

Tick the boxes below to confirm that the test lanes intended for testing LCVs\* have the equipment listed.

| Ref. | Light Commercial Vehicle Test Lane  |                          |
|------|---|--------------------------|
| 1    | Light goods vehicle roller brake tester   | <input type="checkbox"/> |
| 2    | Decelerometer   | <input type="checkbox"/> |
| 3    | 4.7 tonne lift (7 metre pit is acceptable)  | <input type="checkbox"/> |
| 4    | 2.8 tonne jacking beam  | <input type="checkbox"/> |
| 5    | Headlamp aim tester mounted on rails  | <input type="checkbox"/> |
| 6    | Emissions gas analyser  | <input type="checkbox"/> |
| 7    | Diesel smoke opacity meter  | <input type="checkbox"/> |
| 8    | Suspension tester   | <input type="checkbox"/> |
| 9    | Steering side slip plate  | <input type="checkbox"/> |
| 10   | Wheel play detector   | <input type="checkbox"/> |
| 11   | Low voltage inspection lamp   | <input type="checkbox"/> |
| 12   | Tyre tread depth gauge  | <input type="checkbox"/> |
| 13   | Lever (1 metre long)  | <input type="checkbox"/> |
| 14   | Tyre inflation equipment  | <input type="checkbox"/> |
| 15   | Tool for pressing brake pedal   | <input type="checkbox"/> |
| 16   | Wheel chocks  | <input type="checkbox"/> |
| 17   | Light check mirrors   | <input type="checkbox"/> |
| 18   | Pit lights  | <input type="checkbox"/> |
| 19   | Smoke extraction system   | <input type="checkbox"/> |
| 20   | Glass opacity meter   | <input type="checkbox"/> |
| 21   | Diesel data books, charts, discs  | <input type="checkbox"/> |
| 22   | An OBD scan tool (required from 1 Jan 2023)   | <input type="checkbox"/> |
| 23   | A device to detect LPG/CNG/LNG leakage, if such vehicles are tested (Required from 1 Jan 2023). | <input type="checkbox"/> |

\* The Road Safety Authority's Premises and Equipment Guidelines for CVR Test Operators provides details of this equipment. This document is available on the RSA website at [www.cvrt.ie](http://www.cvrt.ie).

#### 4.19 Details of test equipment for Heavy Commercial Vehicles

Tick the boxes below to confirm that the test lanes intended for testing HCVs\* have the equipment listed.

| Ref. | Heavy Commercial Vehicle Test Lane  |                          |
|------|---|--------------------------|
| 1    | Low voltage inspection lamp   | <input type="checkbox"/> |
| 2    | 15 tonne jacking system with appropriate extensions and saddles   | <input type="checkbox"/> |
| 3    | Headlamp aim tester   | <input type="checkbox"/> |
| 4    | Heavy goods vehicle roller brake tester   | <input type="checkbox"/> |
| 5    | Axle load simulator   | <input type="checkbox"/> |
| 6    | Air brake pressure gauges and suzie connection  | <input type="checkbox"/> |
| 7    | Pinch bar (1 metre long)  | <input type="checkbox"/> |
| 8    | Emissions gas analyser  | <input type="checkbox"/> |
| 9    | Diesel smoke opacity meter  | <input type="checkbox"/> |
| 10   | Steering side slip plate  | <input type="checkbox"/> |
| 11   | Decelerometer   | <input type="checkbox"/> |
| 12   | Fifth wheel measuring pin   | <input type="checkbox"/> |
| 13   | An instrument for checking accurately the speed setting of a speed limiter  | <input type="checkbox"/> |
| 14   | Tool for measuring trailer kingpin  | <input type="checkbox"/> |
| 15   | Tyre thread depth gauge   | <input type="checkbox"/> |
| 16   | Tyre inflation equipment  | <input type="checkbox"/> |
| 17   | Wheel chocks  | <input type="checkbox"/> |
| 18   | Wheel play detectors  | <input type="checkbox"/> |
| 19   | Test plug for checking ABS/EBS warning light systems on trailers, including tool to check ISO 7638 connector output | <input type="checkbox"/> |
| 20   | Mirror check area   | <input type="checkbox"/> |
| 21   | Air gauge for by-passing LSV  | <input type="checkbox"/> |
| 22   | 20 inch pliers  | <input type="checkbox"/> |
| 23   | Tool for pressing brake pedal   | <input type="checkbox"/> |
| 24   | Light check mirrors   | <input type="checkbox"/> |
| 25   | Pit lights  | <input type="checkbox"/> |
| 26   | Smoke extraction  | <input type="checkbox"/> |
| 27   | Glass opacity meter   | <input type="checkbox"/> |
| 28   | Diesel data book/charts/discs   | <input type="checkbox"/> |
| 29   | An OBD scan tool (required from 1 Jan 2023)   | <input type="checkbox"/> |
| 30   | A device to detect LPG/CNG/LNG leakage, if such vehicles are tested (Required from 1 Jan 2023).                     | <input type="checkbox"/> |

\* The Road Safety Authority's Premises and Equipment Guidelines for CVR Test Operators provides details of this equipment. This document is available on the RSA website at [www.cvrt.ie](http://www.cvrt.ie).

#### 4.20 Conformance of the testing centre building with the RSA's *Premises and Equipment Guidelines for CVR Test Operators*

Tick the boxes below to confirm that your testing centre building meets the requirements set out in the RSA's *Premises and Equipment Guidelines for CVR Test Operators*. This document is available on the RSA website at [www.cvrt.ie](http://www.cvrt.ie).

|     |  |                          |
|-----|--|--------------------------|
| (a) | The building is a permanent, enclosed and weather-proof facility with sufficient space to carry out CVR tests.   | <input type="checkbox"/> |
| (b) | The building has a hard surface floor capable of supporting the heaviest type of CVR vehicle to be tested at the centre.   | <input type="checkbox"/> |
| (c) | The building has a wall or other permanent structure which constitutes a floor-to-ceiling partition or at least a solid 2-metre high partition between the part of the premises used for testing and the part or parts of the premises used for other activities including the repair and maintenance of vehicles. | <input type="checkbox"/> |
| (d) | The building has a secure area for the storage of records, books and other documentation relating to CVR testing.  | <input type="checkbox"/> |
| (e) | The building has a customer waiting area that is physically separate from, but with a clear view of, the test lanes.   | <input type="checkbox"/> |
| (f) | You are in compliance with the <i>Premises and Equipment Guidelines for CVR Test Operators</i> in relation to CoVIS.   | <input type="checkbox"/> |
| (g) | The building conforms fully with the requirements of the <i>Premises and Equipment Guidelines for CVR Test Operators</i> published by the Road Safety Authority.   | <input type="checkbox"/> |



## 5. FINANCIAL RESOURCES, TAX CLEARANCE AND INSURANCE REQUIREMENTS

### 5.1 Financial resources

Applicants are required to demonstrate that they have, or have the capacity to obtain, the necessary financial resources to provide CVR testing in respect of the authorisation being sought.

Applicants are required to submit financial statements as set out below. If the applicant is a subsidiary of a group, the information is required for both the subsidiary and the parent company. If the applicant is a partnership or association, the information is required for each member of the partnership or association.

- **If audited accounts are available:** a copy of audited annual accounts in the name of the applicant that cover the last two years of trading or, if the applicant has been trading for less than two years, for the period of trading that is available.
- **If audited accounts are not available:** a copy of unaudited annual accounts that cover the past two years of trading or, if the applicant has been trading for less than two years, for the period of trading that is available. If submitting unaudited accounts, you must also submit:
  - An accountant's letter stating that, to the best of their knowledge and based on the information provided to them, the accounts are a fair representation of the financial position of the applicant; and
  - A letter from your bank confirming that you have the necessary financial resources.
- **In either case,** a cash flow projection showing the timing and level of investment required for the testing business. This must be accompanied by an accountant's letter stating that, to the best of their knowledge and based on the information provided to them, in their opinion the applicant has the resources in place to provide testing under the authorisation being sought.

### 5.2 Tax clearance

Applicants are required to demonstrate that they are tax compliant at the time of making this application. This requirement can be fulfilled by providing your PPSN/Tax Reference Number and your Tax Clearance Access Number which can be printed from the Revenue Online Service (ROS) (Tax Clearance Application Result section).

### 5.3 Insurance cover

Applicants are required to submit a letter from their insurance company (not their broker) specifying the level of insurance cover held for public liability and professional liability. This cover should meet the requirements set out in the RSA's *Premises and Equipment Guidelines for CVR Test Operators*, which is available on the RSA website at [www.cvrt.ie](http://www.cvrt.ie). RSA will seek confirmation that you satisfy the minimum requirements for insurance cover.

The Road Safety Authority reserves the right to seek additional information from you regarding your financial resources and insurance cover.

## 6. REFUSALS, SUSPENSIONS AND DIRECTION NOTICES

Were you *or* any officer of your company *or* any partner or member of your association ever **refused** an application for authorisation as a **CVR test operator**? Yes  No

If **Yes**, please provide details of dates and reason(s) for refusal.

Were you *or* any officer of your company *or* any partner or member of your association ever **refused** an application for authorisation as a **CVR tester**? Yes  No

If **Yes**, please provide details of dates and reason(s) for refusal.

Have you *or* any officer of your company *or* any partner or member of your association ever been **suspended** by the Road Safety Authority from holding an authorisation as a **CVR test operator**? Yes  No

If **Yes**, please provide details of dates, requirements to be complied with and action taken.

Have you *or* any officer of your company *or* any partner or member of your association ever been **suspended** by the Road Safety Authority from holding an authorisation as a **CVR tester**? Yes  No

If **Yes**, please provide details of dates, requirements to be complied with and action taken.

Have you *or* any officer of your company *or* any partner or member of your association ever been issued with a **Direction Notice** by the Road Safety Authority as a **CVR test operator**? Yes  No

If **Yes**, please provide details of dates, requirements to be complied with and action taken.

Have you *or* any officer of your company *or* any partner or member of your association ever been issued with a **Direction Notice** by the Road Safety Authority as a **CVR tester**? Yes  No

If **Yes**, please provide details of dates, requirements to be complied with and action taken.

## 7. FIT AND PROPER PERSON REQUIREMENT

The Road Safety Authority **must** be satisfied that applicants are 'fit and proper persons' to be CVR test operators.

### 7.1 Notification of specified offences

In applying for authorisation as a CVR test operator, the applicant(s) or, in the case of a company, **each director and the company secretary**, or, in the case of an unincorporated association, **each partner or member of the committee of management** must notify the Road Safety Authority if he or she has been convicted in the State or in any other jurisdiction of any of the offences specified in Section 12(1) of the Road Safety Authority (Commercial Vehicle Roadworthiness) Act 2012<sup>1</sup>.

| Step | Question  | Please answer by ticking the appropriate boxes below, and then proceed as indicated. |                                  |
|------|---|--|----------------------------------|
| 1    | Have you (as a sole trader) <i>or</i> any director or the company secretary of your company <i>or</i> any partner or member of the committee of management of your unincorporated association ever been convicted of an offence specified in Section 12(1) of the 2012 Act? | No <input type="checkbox"/>  | Proceed to Section 8 (next page) |
|      |   | Yes <input type="checkbox"/>   | Proceed to Step 2 below.         |
| 2    | Have details of ALL such conviction(s) previously been submitted to the Road Safety Authority?  | Yes <input type="checkbox"/>   | Proceed to Section 8 (next page) |
|      |   | No <input type="checkbox"/>  | Proceed to Step 3 below.         |
| 3    | Enclose with your application a <b>Conviction Notification Form</b> completed by each person convicted, in respect of each specified offence of which they were convicted (see Appendix A).   |  |                                  |

**WARNING:** Failure to notify the Road Safety Authority of such a conviction or providing information to the Authority knowing it to be false or misleading is a criminal offence and may result in the Road Safety Authority determining that **you are not a fit and proper person** to hold an authorisation and the refusal of the application.

<sup>1</sup> These offences are listed in Appendix A of this application form.

## 8. DECLARATION

I/We wish to apply for authorisation as a CVR test operator.

I/We hereby declare that the information furnished in this application is complete, true and accurate.

I/We consent to the Authority verifying the accuracy of any information furnished in this application.

I/We confirm that that I/we have or have the capacity to obtain the necessary financial resources to provide CVR testing under the authorisation applied for.

I/We hereby confirm that I/we will notify any changes to any details in this application to the Authority during the application process (for example, change of address, change in financial status, changes to directors or the secretary of the company, or changes to partners or members of the committee of management in the case of an unincorporated association or any other changes that might affect the authorisation.

I/We confirm that I/we will (during the period of authorisation) notify the Road Safety Authority if I am/we are convicted of any of the offences specified in Section 12(1) of the Road Safety Authority (Commercial Vehicle Roadworthiness) Act 2012 within 28 days of the expiry of the time allowed for appealing such conviction or the determination or withdrawal of the appeal of such conviction

### Who must sign

- For an application from an individual / sole trader: the individual must sign.
- For an application from a company: each director and the company secretary must sign.
- For an application from an unincorporated association: each partner or member of the committee of management must sign.

| First name | Surname | Position | Signature |
|------------|---------|----------|-----------|
|            |         |          |           |
|            |         |          |           |
|            |         |          |           |
|            |         |          |           |
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|            |         |          |           |

Provide additional copies of this page if necessary.

Additional page no.

## APPENDIX A: NOTIFICATION OF A CONVICTION for an offence specified in Section 12(1) of the Road Safety Authority (Commercial Vehicle Roadworthiness) Act 2012

Section 12 of the Road Safety Authority (Commercial Vehicle Roadworthiness Act) 2012 obliges holders of an authorisation to notify the Road Safety Authority in writing if he or she, or, in the case of a company, any director or the company secretary, or, in the case of an unincorporated association, any partner or member of the committee of management, has been convicted in the State or any other jurisdiction of any of the following offences:

- (a) Murder
- (b) Manslaughter
- (c) A drug trafficking offence (within the meaning of the Criminal Justice Act 1994)
- (d) An offence under the Non-Fatal Offences Against the Person Act 1997
- (e) An offence under section 2 of the Illegal Immigrants (Trafficking) Act 2000
- (f) A sexual offence (within the meaning of section 3 of the Sex Offenders Act 2001)
- (g) An offence under the Criminal Justice (Theft and Fraud Offences) Act 2001,
- (h) An offence under the Criminal Law (Human Trafficking) Act 2008,
- (i) An offence relating to money laundering under Part 2 of the Criminal Justice (Money Laundering and Terrorist Financing) Act 2010
- (j) An offence under the Firearms Acts 1925 to 2009
- (k) An offence under the Road Safety Authority (Commercial Vehicle Roadworthiness) Act 2012
- (l) An offence relating to the fitting of a tachograph manipulation device or the improper use of a tachograph calibration certificate under the European Communities (Road Transport) (Working Conditions and Road Safety) Regulations 2008 (S.I. No. 62 of 2008)
- (m) An offence consisting of attempting or conspiring to commit, or aiding, abetting, counselling, soliciting, procuring or inciting the commission of any offence mentioned in paragraphs (a) to (l)
- (n) An offence under the law of another jurisdiction which corresponds to an offence mentioned in paragraphs (a) to (m), where the conduct constituting the offence under the law of that other jurisdiction would, if committed in the State, constitute an offence referred to in any of those paragraphs

**In the case of an applicant for authorisation, this notification must be made at the time of making the application. During the period that you hold an authorisation, you must notify the RSA if you are convicted of any of the above specified convictions.**

**It is very important that notifications be made in accordance with the provisions of the Act.**

It is an offence under Section 12 of the Act for a person to fail to notify information in relation to convictions for the specified offences or for a person to notify information knowing it to be false or misleading. A person guilty of an offence under Section 12 is liable to a Class A fine (€5,000) or to imprisonment for six months on summary conviction, or to both, or on conviction on indictment to a fine up to €100,000 or imprisonment for a term not exceeding 12 months or to both.

In addition to the possible criminal penalties outlined above, where an applicant fails to make a required notification in accordance with Section 12(1), the Road Safety Authority may determine that the applicant is not a fit and proper person to hold an authorisation and, consequently, may refuse the application for authorisation and suspend or revoke any existing authorisation held by the applicant.

**Each individual who was convicted of a specified offence must complete and sign a Conviction Notification Form in respect of each such conviction. If more than one conviction is to be notified, a separate Conviction Notification Form must be submitted for each conviction.**

**CONVICTION NOTIFICATION FORM**

|   |  |
|---|--|
| Full name of person convicted                                     |  |
| Address   |  |
| Home telephone number   |  |
| Mobile phone number   |  |
| Email   |  |
| Date of birth   |  |
| PPS number  |  |
| CVR test operator authorisation number (if relevant)              |  |
| CVR tester authorisation number (if relevant)                     |  |
| Position, if relevant (for example, partner, director, secretary) |  |
| Date of the offence   |  |

|  |  |
|--|--|
| Which of the offences (a) to (n) specified in Section 12(1) of the Road Safety Authority (Commercial Vehicle Roadworthiness) Act 2012, (listed in Appendix A) were you convicted of? |  |
|--|--|

|                                  |   |
|----------------------------------|---|
| Where was the offence committed? | Ireland <input type="checkbox"/> Specify county:        |
|                                  | Other country <input type="checkbox"/> Specify country: |

|  |                              |                             |
|--|------------------------------|-----------------------------|
| Was the offence committed in the course of, or in connection with, a business concerned with the testing, inspection, maintenance or repair of vehicles? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If Yes, please provide details:  |                              |                             |
|  |                              |                             |

**CONVICTION NOTIFICATION FORM, continued**

|   |  |
|---|--|
| Date of conviction  |  |
| Details of the Court in which you were convicted (including address details)    |  |
| Details of any sentence imposed   |  |
| Details of any fine imposed on foot of the conviction                           |  |
| Details of any disqualification or forfeiture imposed on foot of the conviction |  |

|   |                              |                             |
|---|------------------------------|-----------------------------|
| Is this conviction one of a number of convictions for the same or different offences? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If Yes, please provide details  |                              |                             |
|   |                              |                             |

I hereby declare that the information provided by me in this notification is true, complete and accurate.

|                   |  |
|-------------------|--|
| Signature         |  |
| Date of signature |  |

Provide additional copies of this Conviction Notification Form if necessary.

**Additional page no.**