Application Form for Accreditation of Technical Service & Witnessed

Laboratory Examination for the Safety Type Approval of Motor Vehicles

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| --- | --- | --- | --- | --- |
| Application No. Date | | | | |
| Name  of Applicant |  | | Representative |  |
| Address  of Applicant |  | | | |
| Contact person |  | | Telephone No. |  |
| E-mail |  | | Fax No. |  |
| Category  of application | First application for accreditation of technical service  Extension accreditation  First application for witnessed laboratory assessment  Extension witnessed laboratory  Application for supervising audit  Modification of original application： | | | |
| Testing items for  application | Vehicle Safety Type Approval Management Regulations | | | |
| 030. The installation of lighting and light-signaling devices.  (031 032 033 034)  040. Static braking.  050. The inspection requirement of fuel system for LPG vehicle.  060. The inspection requirement of fuel system for CNG vehicle.  070. The lateral protection device and the rear underrun protection device (RUPD)(or bumper).  080. The requirement of vehicle tilt stability.  090. Installation of audible warning devices.  (091 092)  100. Installation requirements of pay load meter.  110. The installation requirement of turning and reversing audible warning device. (111)  120. The thermal-insulation protection device of exhaust system for motorcycle.  130. The requirement of stability and durability regarding motorcycle stands.  140. The requirement regarding the passenger hand-holds of motorcycle.  150. Payload meter.  160. Tachograph.  161. Digital tachograph  170. Static strength of coupling devices for trailer towed by small vehicles.  180. Static strength of luggage racks for small vehicles. | 190. Flammability of the interior materials for motor vehicle. (191)  200. Retro-reflective markings. (201 202)  210. Audible warning devices. (211)  220. Speedometer. (221)  230. Installation of devices for indirect vision.  (231232)  240. Driver operated controls. (241)  250. Safety glass. (251 252 253)  260. Safety belt. (261)  270. Devices for indirect vision. (271)  280. Tyre. (281)  290. Filament lamps.  300. Gas-discharge headlamps. (301 302)  310. Direction indicator.  320. Front fog lamps. (321 322)  330. Reversing lamps.  340. Front position lamps.  350. Rear position lamps.  360. Parking lamps.  370. Stop lamps.  380. S3 stop lamps.  390. End-outline marker lamps.  400. Side marker lamps. (401)  410. Reflex reflectors. (411)  420. Dynamic braking.  (421 422 423 424) | | |

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| --- | --- | --- |
| Testing items  for  application | Vehicle Safety Type Approval Management Regulations | |
| 430. Anti-lock braking system (ABS).  (431 432)  440. Steering control system –The protection of the driver against the steering mechanism in the event of impact. (441)  450. The protection of the occupants in the event of a lateral collision. (451 452)  460. The protection of the occupants in the event of a frontal collision. (461 462 463)  470. Steering equipment. (471 472)  480. Safety belt anchorage. (481 482)  490. Seats. (491 )  500. Head restraint. (501 502)  510. Door latches and retention components.  (511 512)  520. Headlamps (headlamps of gas-discharge type excluded). (521 522)  530. Rear fog lamps.  540. Prevention of fire risks for the large passenger vehicle. (541 542 543)  550. Strength of super structure for large passenger vehicle.  560. Electromagnetic compatibility.  (561 562 563)  570. The electronic control device of small-light moped.  580. The frame’s fatigue strength of small-light moped.  590. Adaptive front lighting system (AFS).  (591)  600. The rear-view mirror with reverse-assistant lamp.  610. The installation of the mechanical coupling device or component.  620. Mechanical coupling device or component  630. Low floor vehicle. (631)  640. Electric safety requirements for battery electric vehicles. (641)  650. The prevention requirements for high temperature compression and electrical shock of electric motorcycle.  660. Fuel tank.  670. Wheelchair accessible vehicle | 680. Tyre pressure monitoring system.  690. Manoeuvring lamp.  700. Lane departure warning system.  710. Driving vision assistant system.  720. Advanced emergency braking system.  730. Daytime running lamps.  740. LED light sources.  750. The location and identification of hand controls, tell-tales and indicators.  760. Speed limitation devices.  770. External projections.  780. External projections (commercial vehicle).  790. Rear marking plates for heavy and long vehicles.  800. Quiet road transport vehicles.  810. Specifications of a vehicle fuel system incorporating the compressed hydrogen storage system.  820. Specifications of the compressed hydrogen storage system.  830. Specifications of specific components for the compressed hydrogen storage system.  840. Brake assist systems (BAS).  850. Electronic stability control systems (ESC).  860. Rear-end collision for prevention of fuel tank fire risks.  870. Installation of fuel tank.  880. Specifications of a vehicle fuel system incorporating the compressed hydrogen storage system (L).  890. Specifications of the compressed hydrogen storage system (L).  900. Specifications of specific components for the compressed hydrogen storage system(L)  Others.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Application Form for Accreditation of Technical Service & Witnessed Laboratory Examination for the Safety Type Approval of Motor Vehicles**

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| Necessary documents | 1. Application form.  2. Registration certificate / Proof as a legal firm or institute (Not applicable in the case of add new testing & new witness test item(s)).  3. Quality manual or proving document in conformity with ISO/IEC 17025 or equivalent standard (Not applicable in the case of add new testing & new witness test item(s)).  4. All information lists of all testing items for application. |
| Expected time to be inspected | / / to / / (day/month/year) |
| 1. We herewith expressly declare that we obey the relevant requirements for the safety type approval of motor vehicles/components and vouch for the truth of our application documents, and approve the Certificate institution for copy and used. 2. We hereby, acknowledge that we have read and understand the terms of the Vehicle Safety Type Approval Management Regulations (Articles 18, 19, 21, 22, 23, 25, 26, 27 and 28), and agree to abide by the rights, obligations and responsibilities related. 3. Neither of the party to the contract shall accept commissions, rebates or other improper benefits. When either party is aware of its personnel that have the above improper conduct, the party shall immediately notify the other party of the violator's identity, the manner in which the provision, promise, request, or acceptance was made, and the monetary value or other improper benefit involved. The party shall also provide the other party with pertinent evidence and cooperate fully with the investigation. 4. When the applicant is found to be engaged in unethical conduct in its activities, VSCC may terminate or rescind the contract unconditionally at any time. | |
| Signature of the representative (or its authorized representative)： | |

**Information List**

|  |  |
| --- | --- |
| Testing items(VSTD) | (Please fill in VSTD Code, e.g. 033, 034) |
| Laboratory | |
| 1. Name：  2. Address： | |
| Scope of this testing item | |
| 1. Vehicle category of this testing item：  All vehicle categories  Part of vehicle categories：  (Please specify)  2. Test items of this testing item：  All test items  Part of the test items：  (Please specify) | |
| Necessary documents | |
| 1. Test equipment layout / site plan of testing laboratory  2. Specification list (Own) of test equipment  3. Standard operation procedure (S.O.P)  4. Curriculum vitae of testing laboratory personnel (Managing director, Quality manager, Testing engineers / Technicians)  5.The sample of Testing Report(record)  6.Declaration of witnessed laboratory  7. Others：  Remarks：   1. Application documents of Technical Service are Item 1, 2, 3, 4, 5. 2. Application documents of Witnessed Laboratory are Item 1, 2, 4, 5, 6. | |
| Special statements of Applicant | |
|  | |

Remarks：This form is needed for each testing item. Please fill in another Information List if you want to apply for another testing item.

**Table Ⅰ for Curriculum vitae of testing laboratory personnel**

Page of

|  |  |
| --- | --- |
| Name ofTesting laboratory |  |
| **Managing director of Testing laboratory** | |
| Name |  |
| Department / Title |  |
| Date of entry |  |
| Education |  |
| Work Experience |  |
| Technical Qualification |  |
| **Deputy** | |
| Name |  |
| Department / Title |  |
| Date of entry |  |
| Education |  |
| Work Experience |  |
| Technical Qualification |  |

**Table Ⅱ for Curriculum vitae of testing laboratory personnel**

Page of

|  |  |
| --- | --- |
| Quality Manager | |
| Name |  |
| Department / Function |  |
| Date of entry |  |
| Education |  |
| Work Experience |  |
| Qualification |  |
| **Deputy** | |
| Name |  |
| Department / Function |  |
| Date of entry |  |
| Education |  |
| Work Experience |  |
| Qualification |  |

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**Table Ⅲ for Curriculum vitae of testing laboratory personnel**

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| --- | --- | --- |
| **Report signatories** | | |
| 1 | Name |  |
| Signature scope |  |
| Department / Function |  |
| Date of entry |  |
| Education |  |
| Work Experience |  |
| Qualification |  |
| Signature |  |
| 2 | Name |  |
| Signature scope |  |
| Department / Function |  |
| Date of entry |  |
| Education |  |
| Work Experience |  |
| Qualification |  |
| Signature |  |

Remarks： This form is unnecessary for Witness Laboratory.

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**Table Ⅳ for Curriculum vitae of testing laboratory personnel**

|  |  |  |
| --- | --- | --- |
| **Testing Engineers / Technicians / Assistant** | | |
| 1 | Name |  |
| Test items/methods |  |
| Department / Function |  |
| Date of entry |  |
| Education |  |
| Work Experience |  |
| Qualification |  |
| 2 | Name |  |
| Test items/methods |  |
| Department / Function |  |
| Date of entry |  |
| Education |  |
| Work Experience |  |
| Qualification |  |

Remarks：It’s allowed to use a relevant document including the information above instead of this form.

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**Supervising Audit**

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| --- |
| Technical Service / Witnessed Laboratory |
| 1. Name：  2. Address： |
| Scope of Supervising Audit |
| 1.  All Accreditation scope：  2.  Part of Accreditation scope：  (Please specify) |
| Necessary documents to be submitted |
| 1. The latest edition quality manual and relevant quality documents. (ISO/IEC 17025 or equivalent standard)  2. The detailed list of test reports which have been re-issued by Technical Service.  3. Current information of laboratory equipment, facilities and personnels.  4. The statement of major change of Laboratory since last audit.  5. The improvement action of NCR or Corrective Item of last audit.  6. Others：  Remarks：Technical service or Witness laboratory shall prepare the above documents for the supervising audit. |
| Special statements of changes |
| 1. Test equipment layout / site plan of testing laboratory.  2. Specification list (Own) of test equipment.  3. Standard operation procedure (S.O.P)  4. Curriculum vitae of testing laboratory personnel (Managing director, Quality manager, Testing engineers / Technicians)  5. The sample of Testing Report(record)  6. Others： |

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