Driver & Vehicle Standards Agency

APPLICATION FOR A TEMPO 100

EXAMINATION OF A PUBLIC SERVICE VEHICLE

PSVC 1

FAILURE TO COMPLETE THE FORM ACCURATELY OR IN FULL COULD RESULT IN DELAYS OR REJECTION

This form only applies to vehicles entering into service before 8th December 2007
(For later vehicles use PSVC 1a)

Form PSVC 1 must be used when applying for a Tempo 100 examination whether or not it is intended to have another examination carried out at the same time (e.g. Certificate of Initial Fitness examination).
When to apply – Applications for examinations must be sent not less than 1 month before the date requested.

1a. APPLICANT DETAILS

Title : **Name :**

Address :

Postcode : **Tel. No. :**

Email :

2. APPOINTMENT DETAILS

2a. Who will operate the vehicle? Name :

2b. Operating base address :

2c. When will the vehicle be available for test? ▼

From (dd/mm) : **Day :** **AM / PM**

2d. Which test location would you prefer? :

2e. Which test location is nearest to the vehicle operating base?
(For issue of Tempo 100 permit and decal) ►

2f. Is an examination for Certificate of Initial Fitness required at the same time?
*(If 'YES' complete form **PSV 417** and attach with application)* **YES** ☐ **NO** ☐

3. VEHICLE DETAILS

3a. What is the vehicle registration mark? :

3b. What is the kerb weight? **kgs**

3c. What are the chassis details?

Make : **Model :** **Year :**

Full Identification Number :

3. VEHICLE DETAILS

3d. What are the body details?

Make : | **Model :** | **Year :**

Serial Number :

3e. What are the engine details?

Make : | **Model :** | **Power :** **Kw**

3f. What are the maximum (design) weights as shown on the manufacturer's plate (kgs)?

Axle 1 | **Axle 2** | **Axle 3** | **Gross**

3g. What is the carrying capacity?

Seated Upper Deck (Including wheelchairs)	Seated Lower Deck (Including wheelchairs)	Crew seat(s) (Excluding driver)

3h. What is the brake system type approval number?

3i. What are the tyre details?

Axle	Size	Load Indices	Speed Rating	Single / Dual
1				
2				
3				

4. DATA PROTECTION, DECLARATION AND SIGNATURE

DATA PROTECTION – We collect, use and store your personal data so that we can process your application for a Tempo 100.

We may share your personal data if we have a lawful reason. For example as part of a criminal investigation or to prevent fraud. Find out more at **www.gov.uk/dvsa/privacy**

DECLARATION – I confirm that, as far as I know, all statements in this application are true.

Signature : _____ **Date :** _____

Print Full Name : _____

Please Note : All 'Declaration' sections above must be completed.
*A **typed 'Signature'** is acceptable if sending your form electronically.*

Continued Overleaf ►

5. PAYMENT DETAILS

You can pay the application fee by one of the following methods :

1. **Cheques/Postal Orders –** Payable to the ***'Driver and Vehicle Standards Agency'*** *(or* ***'DVSA'****) and* ***only accepted with postal applications****.*
2. **Credit/Debit Card -** If you choose to pay by this method, then once your application has been received, you will be **contacted by email with instructions on how to arrange your card payment.**
3. **DVSA Pre-Funded Customer Account** - If you are a regular user of the scheme this is the quickest method to use. For pre-funded customer accounts, the signatory on the application must be a delegate authorised to use the account. Find out how you can **apply for a DVSA pre-funded customer account**.

Refund Policy - Should you wish to **cancel** the appointment date you have been allocated, a full refund will be issued to the payee.

Find our fees information when you **apply for a coach to travel at 100km/h in Germany** or by telephoning our **Customer Service Centre** on **0300 123 9000.**

How are you paying for this application? *(Please tick one box)*

Cheque / Postal Order ☐ *Payable to 'Driver and Vehicle Standards Agency' or 'DVSA' (only with postal applications).*

Credit / Debit Card ☐ *Payment to be made after application is received.*

DVSA Customer Account ☐ **Account 'C' No. :**

I hereby authorise the **Driver and Vehicle Standards Agency** to take the amount stated below from my bank / pre-funded customer account in respect of my application.

£ .

Signature details : Please sign and print your name below if you are either the **card holder** or **account delegate**. *A* ***typed 'Signature'*** *is acceptable if sending your form electronically.*

Signature : _____ **Date :** _____

Print Full Name : _____

ON COMPLETION

Please attach your **fully completed** application to the **'Technical Application System' (TAS)** available on :

www.gov.uk/apply-vehicle-test-certificate-coach-bus

Should you experience problems accessing TAS, please try an alternative browser.

DVSA Customer Contact Centre : 0300 123 9000