

RSA MODIFICATIONS REPORT TEMPLATE

(Use block caps throughout)

Note; in addition to this report, a vehicle converted from M2, M3, N2 or N3 to N1 requires a letter on official headed paper from the manufacturer or authorised distributor confirming that the vehicle maybe classed as N1 in the converted condition

VIN:

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Registration Number:

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Make: _____ Model: _____ Variant: _____

This report relates to a modification/ repair (delete where appropriate)
In the case of a modification, give description of: body-type before modification: and body-type after modification (if changed):
The purpose of the modification / repair is to: (give brief details of why these repairs or modifications were carried out to the vehicle)
List of the repairs or modifications made to the vehicle (including, but not limited to those involving changes to the braking systems, suspension, steering systems, bodywork, safety belts / restraint system, towing / coupling equipment, or chassis alterations);
In relation to the modifications/ repairs listed above, provide a detailed description of each. (Please use another page where necessary). Notes: <ul style="list-style-type: none">• Give full details of any change to the braking system. Include a schematic diagram with key to the components and confirm on which axle's park brakes are fitted.• Where available, list any type approval numbers related to the modified systems• Where available from the component/ system manufacturer, supplementary evidence of compatibility with the type and variant of vehicle concerned may be provided
Details of the standard of workmanship and specifications (including any certification provided by manufacturer / convertor).

The following table must be completed for any vehicle modifications

		Original		Modified	
EU Category ¹					
EU Bodywork Code ¹					
No. of seats (excluding driver)					
wheel configuration (e.g. 4x2, 6x4)					
Un-laden Vehicle Weight (kg)					
DGVW (Design Gross Vehicle Weight) (kg)					
Gross Combination Weight (N1, N2 or N3 only) (kg)					
		Design weight	Suspension type	Design weight	Suspension type
Design Axle Weights (kg) and suspension type (air/leaf)	Axle 1				
	Axle 2				
	Axle 3				
	Axle 4				
	Axle 5				
Maximum kingpin load (semi-trailers only) (kg)					
Wheelbase Length (mm)					

I declare the information provided in relation to the vehicle referred to in this report:

- Is true and correct
- That the modifications/ repairs detailed above have been carried out to the vehicle such that the technical status and integrity of the vehicle and its other components and safety features have not been compromised and that the vehicle is safe to be used on the road and does not present a danger to the vehicle occupants or other road users.
- That the vehicle meets with the Road Traffic (Construction, Equipment and Use of Vehicles) Regulations (as amended), the Road Traffic (Lighting of Vehicles) Regulations (as amended) and the Road Traffic (Construction and Use of Vehicles) Regulations (as amended)
- That the vehicle meets with the essential technical provisions of the EU Directives to which the modification relates for the year and category of vehicle concerned

I declare that (tick ☒ one of the following 4 boxes and complete all of the information necessary);

- ☐ I am a "suitably qualified individual" (as per Note 2). The following details must be provided;
- Engineering/Technical Qualification (must be Level 7 or higher accredited course);
Level ____ University / Institute _____ Programme _____
Or
Membership Grade with Engineers Ireland
Associate ☐ Chartered ☐ Fellow ☐
Or
Membership Grade with Institute of Automobile Engineer Assessors:
Associate ☐ Member ☐ Fellow ☐ Honorary Fellow ☐
 - Number of years experience (minimum 5) _____
 - Details of professional indemnity insurance (include company name (not broker), type of policy, expiry date)

- ☐ I am an authorised representative of an Approved Test Centre (ATC) as appointed by the National Standards Authority for Ireland.
ATC Number (Unique identifier issued by NSAI)

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- ☐ I am the manufacturer/ authorised distributor/ convertor of the vehicle (delete as appropriate)

The following box to be ticked only in the case of CTI (Central Tyre Inflation) systems;

- ☐ I am authorised to supply and fit CTI systems by the Department of Agriculture, Food and the Marine and have fitted all CTI devices in line with the Departments requirements.

Complete ALL of the following IN BLOCK LETTERS and sign the declaration below;

Name of Certifying Person:

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Signature of Certifying Person: _____

Company Name:

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Position within company:

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Company Address:

Email:

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Phone Number:

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Date of Certification:

d	d	m	m	y	y
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Place of Certification:

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Official Stamp of the
SQI/ ATC/
Manufacturer/
Authorised Distributor

Appendix 1

See **Note 2** below as extracted from the Modifications Report section of the HCV and LCV Tester Manuals;

(2) A “suitably qualified individual” (SQI) must have:

- an Engineering/Technical Qualification (Level 7 or higher accredited courses¹) or appropriate accreditation with Engineers Ireland² or the Institute of Automobile Engineer Assessors³
- a minimum of 5 years experience of working in a suitable technical environment (preferably Automotive or Engineering Environment)
- access to adequate facilities to carry out a thorough vehicle examination,
- and
- appropriate professional indemnity insurance,

1 See Engineers Ireland, Accredited Courses;

2 Associate, Chartered or Fellow Engineer

3 Associate, Member, Fellow or Honorary Fellow.