

## 4x2 Conversion Form

From Address	.....	Order Date	..... (SVTECH)
	.....	Tel	.....
	.....	Fax	.....
	.....	Mobile	.....
	.....	Email	.....
Post Code	.....	Company	.....
	.....	Web	.....
Contact Name	.....	<b>Your Customer Detail</b>	
<b>Your Job/Order No.</b>	.....	<b>Vehicle Usage:</b>	
	.....	<b>Bus, Goods, Motorhome, Special Purpose(list)</b>	

### Pre- Conversion condition

(Please also supply a copy of the NTA or Certificate of Conformity with this application)

Reg.	Year 1st Reg.	Year of Manuf.	<b>Engine Type/Size</b>	Make
Full Chassis No			Wheelbase/OAS (mm) (distance from centre front wheel to centre back wheel)	Model

Details from VIN plate

AXLE WEIGHTS	G B	TYRE SIZE	LOAD INDEX (on tyre wall e.g 112/110 V)	Single or Twin tyres
Axle 1	.....	.....	.....	.....
Axle 2	.....	.....	.....	.....
GVW	.....	.....	.....	.....
GTW	.....	.....	.....	.....

Category or vehicle **Pre-conversion	Passenger Van	<input type="checkbox"/>	Van	<input type="checkbox"/>	Chassis	<input type="checkbox"/>	Other Please list	.....
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### Braking System

Axle 1		Axle 2	
Disc or Drum	.....	Disc or Drum	.....
Suspension Type (e.g leaf/strut/Air)	.....	Suspension Type (e.g leaf/strut/Air) If leaf list number of spring leaves	.....

ABS (Antilock Brake)	<input type="checkbox"/>	EBD (Electronic Brake)	<input type="checkbox"/>	ESP/ESC (Electronic Stability) ** Call	<input type="checkbox"/>
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**Certificate of Conformity/ Type Approval supplied**  
**Only required for Goods or Minibus or for unregistered vehicle. Not required for Motorhome**

<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
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## Post Conversion Detail

Sheet 2 of 2

(only complete where changes from page 1 have been made or required weights are known)

AXLE WEIGHTS	G B		TYRES	LOAD INDEX (Ply rating)	Single / Twin
Axle 1					
Axle 2					
GVW					
GTW					

### Wheelbase (only complete if changed from page 1)

Outer Axle Spread	<input type="text" value="M"/>	Centre line front axle to:	Front of vehicle	rear end of chassis	Overall Length
Centre 1 <sup>st</sup> axle to centre rear axle					

### Suspension Type Fit To Be Fitted inc. Model No.

Ax1 - (e.g Steel/Rubber/Air/Air-ride)	Ax2 - (e.g Steel/Rubber/Air/Air-ride)
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### Body Type (e.g. van, tanker, transporter)

	Is the vehicle exempt a Tachograph (yes/no)
(yes/no)	If used for goods and going above 3500kg, 1 <sup>st</sup> Test Form required

### If going above 3500kg GVW is speed limiter required and fit.

If in doubt please call 01772 621800

### List below the changes that have been made to the vehicle.

(continue on a separate sheet if required)

Heavy Testing Station for Inspection (goods vehicles only)

### PLEASE SUPPLY:

- TECHNICAL DRAWINGS AND LAYOUT OF CONVERSION TO INCLUDE MODIFICATIONS MADE TO CHASSIS, BRAKES, SUSPENSION, BODY, ETC.
- COPY OF VEHICLE LOGBOOK/V5C
- PHOTO SHOWING EXTERIOR VIEW OF VEHICLE  
WE MAY ALSO REQUIRE PHOTOS OF THE CONVERTED VEHICLE AND NEED TO INSPECT THE VEHICLE. THIS WILL BE ARRANGED ONCE WE HAVE ASSESSED THE CONVERSION.

### Disclaimer

I declare that, to the best of my knowledge, the above information is a true description of the converted vehicle. I understand that failure to disclose information or the vehicle not being to this condition may cause the application to be refused.

Signed \_\_\_\_\_ Print \_\_\_\_\_  
Date \_\_\_\_\_