

Please complete this page in full for all applications.

Sheet 1 of 2

From/Company Address Order Date (SVTECH)
 Tel
 Fax
 Mobile
 Email

Post Code Company Web

Contact Name **Your Ref.**
Order No. **Vehicle Usage:**

Goods, Horsebox, Special Purpose - list

Pre- Conversion condition

Reg.	Date 1st Reg. **	Year of Manuf.	Engine Type/Size/BHP	Make
Full Chassis No		Wheelbase/OAS (mm) (distance from centre front wheel to centre back wheel)	Gearbox Manual/ Auto -	Model
Overall vehicle length		M	Overall vehicle width	M

IMPORTANT - Details from VIN plate. **Please supply photos of all VIN plates in all cases.**

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

Brake & Suspension 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/Rubber)	
ABS fit (Yes/No) (Antilock Brake)		Is vehicle fit with a towbar and is GTW required (Yes/No + GTW required if yes)	

Please list the conversion type and weight required
 e.g. Uprate – 3850kg; Downrate – 3500kg.

Conversion Type	Weight Required kg
-- yes/no	Supply copy of IVA application

Where did you hear about us?

ENQUIRY ONLY or PROCESS APPLICATION

Is the vehicle **exempt** a Tachograph
(yes/no) If exempt please complete
 * FORM * and return *(click link)*

**
(click dropdown)

-- *(click dropdown)*

Test Station required for inspection

If registered vehicle after 29th Oct. 2014 and uprate above 3500kg required, please complete an IVA9 form from the DVSA website.

Section C – This page only needs completing where changes have been made to the vehicle that differ from pg1.

Post Conversion Detail

Sheet 2 of 2

AXLE WEIGHTS	Required Weights if known	TYRES to be fit	LOAD INDEX e.g. 109R (Ply rating)	Single or Twin
Axle 1				
Axle 2				
GVW				
GTW				

Wheelbase /
Outer Axle Spread
(Centre 1st axle to
centre rear axle)

M	Centre line front axle to:	Front of vehicle	rear end of chassis	Overall Length
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If adding/changing suspension type list details of kit to be fit. Inc. Make/Model No.

Ax1 - (e.g Steel/Rubber/Air/Air-ride)	Ax2 - (e.g Steel/Rubber/Air/Air-ride)	Brand Name/Make + PN #
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Category or vehicle **Post - conversion	Passenger Van <input type="checkbox"/>	Van <input type="checkbox"/>	Chassis <input type="checkbox"/>	Other Please list
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Section D – Please complete this section only where required.

List below any changes made to the vehicle that are not listed above.

(continue on a separate sheet if required)

Section E – Documents to include with your application

- TECHNICAL DRAWING AND LAYOUT OF CONVERSION TO INCLUDE MODIFICATIONS MADE TO CHASSIS, BRAKES, SUSPENSION, BODY, ETC – **ONLY REQUIRED IF CHANGED FROM FACTORY STANDARD**. i.e. homebuild.
- COPY OF VEHICLE LOGBOOK/V5C – Inside of page 2 required only. (not essential but helps us advise of changes).
- PHOTO SHOWING EXTERIOR VIEW OF VEHICLE. – Not required where full model type provided on pg1. and unchanged from factory build.

IF VEHICLE MODIFIED FROM FACTORY BUILD WE MAY ALSO REQUIRE PHOTOS OF THE CONVERSION or NEED TO INSPECT THE VEHICLE. THIS WILL BE ARRANGED ONCE WE HAVE ASSESSED YOUR 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 _____

(signature not required for email applications)

Print
Name _____

Date _____

Have you tried our weight calculator on the web? © www.svtech.co.uk/lda

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What we do with your information: www.svtech.co.uk/GDPR

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