

APPENDIX I

APPLICATION FOR APPROVAL OF WORKSHOP FOR INSTALLATION, CALIBRATION, CHECK, INSPECTION, REPAIR, DECOMMISSIONING OF TACHOGRAPHS (VEHICLE UNITS) ON VEHICLES

(Article 3 Approval of Workshops and Vehicle Unit Cards Issue Law of 2004, L.192(I)/2004)

APPLICANT DETAILS

A1. Fill this section in case the applicant is an individual:

Applicant's name:
(Surname in capitals) (Name) (Fathers name)

Identity card number: Social Insurance number⁽¹⁾:

Date of birth: Place of birth:

Address:
(Street) (Number) (P.O.Box) (Region /City)

Telephones: / Telefax: e-mail:
(Stationary) (Mobile)

A2. Fill this section in case the applicant is a legal entity:

Applicant's (company) name:

Company Registration number (Dept of Registrar of Companies and Official Receiver)⁽²⁾:

Employer's Registration number (Social Insurance Services)⁽¹⁾:

Value Added Tax Registration number (Value Added Tax Service) :

Company Tax identity number (Inland Revenue Department):

Address:
(Street) (Number) (P.O.Box) (Region /City)

Telephones: / Telefax: e-mail:
(Stationary) (Mobile)

Director(s)/Shareholders Surname(s)/Name(s)	Dignity	Date & place of birth	I.D number
.....
.....

Workshop's address:
(Street) (Number) (P.O.Box) (Region /City)

Approval is requested for the tachographs and the work described herebelow:

Tachograph make & type/model	Work description
.....
.....
.....
.....

INFORMATION FOR THE TECHNICAL DOSSIER

B. Information related to workshop's personnel (specialized technician) & training

* In case the application refers to more than one technician, use a copy of this page

Technician's name:
(Surname in capitals) (Name) (Fathers name)

Identity card number: Social Insurance number⁽¹⁾:

Date of birth: Place of birth:

Address:
(Street) (Number) (P.O.Box) (Region /City)

Telephones: / Telefax: e-mail:
(Stationary) (Mobile)

Dignity: Employee / Self employment (if the applicant is the same person)
(Strikethrough the one which is not applicable)

Information for technician's qualification⁽³⁺⁴⁾:

A. University/College degree/Technician Engineer diploma/Technical/Vocational School Certificate/Experience

(Strikethrough the one's which are not applicable)

B. Instructor's details for specialized training on tachographs:

.....
(Instructor's surname/name and company's name)

Place of training:

The training covered the following tachographs (make & type/model)	Duration	Job(s) and content
.....
.....
.....
.....

C. Information for workshop's proposed premises⁽⁵⁾

Dimension's and description of covered area:

.....

Dimension's and description of inspection/calibration area:

.....

Dimension's and description of reception area:

.....

Dimension's and description of secure room for the equipment to be used for calibrations, seals, cards, etc:

.....

Dimension's and description of WC area:

INFORMATION FOR THE TECHNICAL DOSSIER

D. Information for workshop's proposed equipment (instruments & tools)⁽⁶⁾:

1.
2.
3.
4.
5.
6.
7.
8.

E. Information for workshop's other technical means and documents:

1.
2.
3.
4.
5.

The following supporting documents to be attached to technical dossier (if applicable): -

- (1) Evidence (eg. last payment) from the Social Insurance Services for the employment of the technician(s) to the workshop,
- (2) Copy of the company Certificate of Incorporation,
- (3) Copy of a degree, diploma, etc as evidence of the technician(s) qualifications, and evidence of relevant experience,
- (4) Copy of certificate(s) for special training received on tachographs for the technician(s). (if on the certificate are not provided details for the type(s) of tachographs covered by the training and information for the training provider and his qualifications, the training duration, the training content, etc, such details shall be provided separately),
- (5) Site plans in scale 1:100, showing the proposed premises,
- (6) Full details for the equipment referred to in paragraph 3.15 of the minimum criteria for workshops approval. Where applicable, copy of a calibration certificate of the equipment to be used for tachograph calibrations shall be provided and also, during the workshop's inspection the technical manual of the equipment must be shown.
- (7) Any other information is requested in the minimum criteria for workshops approval.

For official use

Name of the person evaluated the application:
(Surname in capitals) (Name)

Remarks:

Recommendation: Approved / Not approved:
(Strikethrough the one which is not applicable) (Write remarks, if any)

Signature: Date: Approval No.: