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Description automatically generated with low confidenceInstructions for completing the  
RENEWAL OF AUTHORISATION AS A  
CVR TEST OPERATOR application form

## Who this application form is for

This form should be completed by an individual/sole trader or on behalf of a company or unincorporated association to apply for renewal of authorisation as a CVR test operator in accordance with Section 15 of the Road Safety Authority (Commercial Vehicle Roadworthiness) Act 2012.

Your application will be considered in accordance with Sections 9 and 11 of this Act.

Any authorisation will be subject to specific conditions tailored to each CVR testing centre.

In completing this application, you should review the Conditions of Authorisation of CVR Test Operators (available at [www.cvrt.ie](http://www.cvrt.ie)) that will apply to any authorisation to operate as a CVR testing centre.

Note that a separate application for renewal is required for each testing centre. This is the case even where a number of testing centres are under the same ownership or management.

## How to fill this form

Fill in the form (beginning on page 3) on your computer by clicking your mouse in any field where you want to enter text and type your entry. (Do not use the Tab key in your entry.)

To tick a check box, use the spacebar or left-click the mouse in the box. Clear the box by pressing the spacebar again, or by left-clicking again.

Alternatively, print the form and fill it in manually in **black ink**, using CAPITAL LETTERS.

The questions you need to complete on this form depend on the capacity in which you are making the application.

|  |  |
| --- | --- |
| **If you are making an application ...** | **... then complete these sections of this form** |
| ... on behalf of a limited liability company | **1**, 2, 4, 5, 6, 7 and 8 |
| ... on behalf of an unincorporated association | **1, 3**, 4, 5, 6, 7 and 8 |
| ... in an individual capacity (as a sole trader) | **1**, 4, 5, 6, 7 and 8 |

When you have filled in the form, print it out, **sign the declaration** at section 8, and submit it, along with the supporting documents, to the address shown below.

|  |  |
| --- | --- |
| Submit this application form along with the required supporting documents to: | CVR Authorisation Unit Road Safety Authority  Clonfert House Bride Street Loughrea H62 ET93 Co. Galway |

If you require any further information concerning the completion of this form, you can:

* Visit the Road Safety Authority website ([www.cvrt.ie](http://www.cvrt.ie))
* Contact us by email at [cvrauthorisations@rsa.ie](mailto:cvrauthorisations@rsa.ie)

## Checklist

Please tick boxes in the checklist below to confirm that all necessary documentation is enclosed.

|  |  |
| --- | --- |
| Proof of current tax compliance (as per Section 5.2 of this form). |  |
| ISO/CITA 9B Certificate (as per Section 4.7 of this form). |  |
| Documentation demonstrating that you have sufficient financial resources or have access to such resources (as per Section 5.1 of this form). |  |
| If applicable, a completed and signed Conviction Notification Form – available at [www.cvrt.ie](http://www.cvrt.ie). |  |

The Road Safety Authority reserves the right to seek additional information from you regarding your application.

## Fees in relation to renewal of authorisation

### Renewal fee

The fee for renewal of authorisation is €500. Notification of fees will be made at the time that an offer of authorisation is made. Any fees paid are not refundable.

### Inspection fees in relation to renewal of authorisation

In relation to CVR testing centre inspections, there is no fee chargeable for the initial or first subsequent inspection. However, a fee is chargeable for second subsequent or further inspections that the RSA may conduct to establish that a CVR testing centre has the premises, facilities, equipment and testers necessary to enable tests to be carried out.

## Data protection

Please note that all of the information requested on this form is necessary for the purposes of processing your application for authorisation as a CVR test operator. If you fail to answer any of the questions set out in the application form, it will not be possible to process your application for authorisation.

The details set out in your application form will be processed by the RSA and/or its service providers solely for the purposes of processing your application and, where you are successful, managing your authorisation as a CVR test operator or as otherwise permitted by law including, but not limited to, any use or disclosure of data permitted under the Road Safety Authority (Commercial Vehicle Roadworthiness) Act 2012.

The RSA will process your details in accordance with its obligations under the Data Protection Law (Data Protection Regulation (GDPR) and the Data Protection Acts 1998 to 2018). This includes taking all reasonable steps, including appropriate technical and organisational security measures, to protect personal data.

The RSA may disclose personal data to its agents, contractors and service providers to the extent reasonably required for the purposes described above.

You have the following rights, in certain circumstances and subject to certain restrictions, in relation to your personal data:

* The right to access your personal data
* The right to request the rectification and/or erasure of your personal data
* The right to restrict the use of your personal data
* The right to object to the processing of your personal data
* The right to be forgotten in certain circumstances
* The right to receive your personal data, which you may have provided to us, in a structured, commonly used and machine-readable format or to require us to transmit that data to another controller.

If you wish to avail of any of these rights, please contact us at dataprotection@rsa.ie. Your request will be dealt with without undue delay and in any event within one month of receipt of the request.

Application for renewal of authorisation – CVR test operator

# This application is for the renewal of authorisation as a CVR test operator in accordance with Section 15 of the Road Safety Authority (Commercial Vehicle Roadworthiness) Act 2012.

# 1. APPLICANT DETAILS

## 1.1 General details

|  |  |
| --- | --- |
| Name of CVR test operator |  |
| Trading name (if different from above) |  |
| Testing centre address |  |
| Authorisation number |  |
| Contact person |  |
| Email address |  |
| Phone number |  |
| Mobile phone number |  |

## 1.2 Nature of business activity

Please indicate the nature of your business activity – tick all the boxes that apply.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Testing centre |  | Dealership | |  | Licensed road haulage operator |
|  | Repair garage |  | Own-account haulage operator | |  | Bus operator |
|  | Other | If Other, please specify: | |  | | |

# 2. LIMITED LIABILITY COMPANY – NUMBER OF COMPANY OFFICERS

|  |  |
| --- | --- |
| Specify the number of company officers (directors and company secretary). |  |

## 2.1 Limited Liability Company: Company directors and company secretary

Please provide details of *all* directors and the company secretary.

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| Address |  |
| PPS number |  |
| Email address |  |
| Phone number |  |
| Mobile phone number |  |

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| Address |  |
| PPS number |  |
| Email address |  |
| Phone number |  |
| Mobile phone number |  |

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| Address |  |
| PPS number |  |
| Email address |  |
| Phone number |  |
| Mobile phone number |  |

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# 3. UNINCORPORATED ASSOCIATION/PARTNERSHIP – NUMBER OF ASSOCIATION OFFICERS

|  |  |
| --- | --- |
| Specify the number of association officers (partners or members of the management committee). |  |

## 3.1 Partners or management members of the unincorporated association

Please provide details of *all* partners or (in the case of a cooperative or other unincorporated association) the secretary of the cooperative and all members of the committee of management.

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| Address |  |
| PPS number |  |
| Email address |  |
| Phone number |  |
| Mobile phone number |  |

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| Address |  |
| PPS number |  |
| Email address |  |
| Phone number |  |
| Mobile phone number |  |

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| Name |  |
| Position |  |
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# 4. THE CVR TESTING CENTRE TO WHICH THIS APPLICATION APPLIES

## 4.1 Details of the authorisation being renewed

Please tick the appropriate box(es) below to indicate the categories the testing centre is currently authorised to test.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Heavy Commercial Vehicle |  |  | Light Commercial Vehicle |  |
| Tractor |  |  | ADR\* |  |

\* Test Centres seeking to renew ADR Authorisation are required to complete and submit the ADR justification document available on [www.cvrt.ie](http://www.cvrt.ie) with this application.

## 4.2 Opening hours of the CVR testing centre

Please indicate below the normal opening hours for the CVR testing centre.

|  |  |  |
| --- | --- | --- |
|  | **Opening Time** | **Closing Time** |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |
| Saturday |  |  |

## 4.3 Person responsible for management

Please enter contact details of the person responsible for day-to-day management of the CVR testing centre.

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Position |  | | |
| Email address |  | | |
| Phone number |  | Mobile phone number |  |

## 4.4 (a) Person responsible for dealing with this application for renewal of authorisation

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Position |  | | |
| Email address |  | | |
| Phone number |  | Mobile phone number |  |

## 4.4 (b) Date of application

|  |  |
| --- | --- |
| Enter the date on which you are making this application |  |

Please note an application to renew an authorisation may be made at any time up to 12 months prior to its expiry or revocation.

## 4.4 (c) Date of expiry of your current authorisation

|  |  |
| --- | --- |
| Enter the date on which your existing authorisation will expire. |  |

A renewal of an authorisation under this section shall commence immediately upon the expiration of the authorisation of which it is a renewal.

## 4.5 CVR testing lanes currently at testing centre

|  |  |
| --- | --- |
| Number of Heavy Commercial Vehicle testing lanes |  |
| Number of Light Commercial Vehicle testing lanes |  |

## 4.6 Quality assurance and performance monitoring

|  |  |
| --- | --- |
| Tick this box to confirm that you have quality control measures in place to deliver consistent CVR testing and that these are available for inspection. |  |

## 4.7 ISO 9001 Certification

It is a requirement of the renewal of your authorisation that you must be the holder of ISO 9001   
incorporating the requirements of CITA Recommendation 9B.

|  |  |
| --- | --- |
| Tick this box to confirm that you hold ISO 9001/CITA 9B Certification. |  |

## 4.8 Hardware and software protection measures

|  |  |
| --- | --- |
| Please tick this box to confirm that you will adhere to the required hardware and software protection measures. |  |

## 4.9 Planning and building regulations

|  |  |  |
| --- | --- | --- |
| I have received relevant Planning Permission from Local Authority | |  |
| Planning number |  | |
| Date submitted to RSA |  | |
| Tick the box if not applicable | |  |

## 4.10 Complies with Planning and Development Acts

|  |  |
| --- | --- |
| Tick this box to confirm that the testing centre complies with the requirements of the Planning and Development Acts and all applicable Building Regulations. |  |

## 4.11 Health and safety legislation

|  |  |
| --- | --- |
| Tick this box to confirm that your practices and procedures and premises conform with the requirements of the Safety, Health and Welfare at Work Act 2005 to 2014 and applicable regulations. |  |

|  |  |  |
| --- | --- | --- |
| Have you ever been convicted of an offence under the Safety, Health and Welfare at Work Act 2005 to 2014? | **Yes** | **No** |
| If the answer is **Yes**, please state the nature and the date of the conviction. | | |

## 4.12 Recording of complaints

|  |  |
| --- | --- |
| Tick this box to confirm that you have a system in place to record any complaints received by you in connection with the carrying out of CVR tests at your CVR testing centre. |  |
| Please provide details of your system for handling complaints. | |

## 4.13 Towing and storage services

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you interested in providing towing and storage facilities for CVR vehicles that are detained or immobilised as a consequence of enforcement activities? | **Yes** |  | **No** |  |

## 4.14 Names of existing / proposed CVR testers

Please provide details of the CVR testers employed or to be employed at the CVR testing centre, and tick the boxes to indicate the types of vehicle they are authorised to test.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of CVR tester** | **HCV** | **LCV** | **ADR** | **Tractor** |
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## 4.15 Conformance of the testing centre with the Authorisation of Commercial Vehicle Roadworthiness Test Operators and Testers Regulations 2013 (as amended, the “Regulations”) and the RSA’s Premises and Equipment Guidelines for CVR test operators

Tick the boxes below to confirm that your testing centre meets the requirements set out in Part 1 of Schedule 3 of the Regulations and the RSA’s *Premises and Equipment* *Guidelines for CVR Test Operators.* These documents are available on the RSA website at [www.cvrt.ie](http://www.cvrt.ie).

A CVR testing centre shall be a premises that:

|  |  |  |
| --- | --- | --- |
| **(a)** | is a permanent, immovable, enclosed and weatherproof facility with space to carry out CVR tests for the categories of CVR vehicles to be tested and which meets the applicable requirements in Section 4.16 below; |  |
| **(b)** | has a hard concrete floor surface or equivalent flooring; |  |
| **(c)** | has suitable access and egress measures and parking facilities to accommodate vehicle movements to, from and within the CVR testing centre; |  |
| **(d)** | has reception and customer waiting areas conveniently located in the premises; |  |
| **(e)** | has toilet facilities within the premises for customers attending the premises for tests and accessible from the waiting area; |  |
| **(f)** | has suitable CVRT signage as per the RSA guidelines for the carrying out of CVR tests; |  |
| **(g)** | has test lanes for each of the categories of vehicles to be tested at the premises as authorised by the Authority; |  |
| **(h)** | has facilities for the storage of records, books and other documentation and computer equipment; and |  |
| **(i)** | a ventilation and fume extraction system in the test area of the premises. |  |

## 4.16 CVR Premises and Facilities – CVR testing lanes

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| My currently authorised lane(s) shall meet the standards set out in Part 1 C of Schedule 3 and Guidelines at least three months before the expiry of my current authorisation. | **Yes** |  | **No\*** |  |

\*Applicants whose lanes do not meet this standard may be authorised until 18 March 2027.

|  |  |
| --- | --- |
| **Please provide details each of your testing lane(s) - use one row to describe each lane** | |
| **Testing Lane Name**  *Enter the unique lane name recorded on the CoVIS system.* | **Enter details regarding each lane below from the list:** - Lane shall remain unchanged - Works planned or in progress - To be decommissioned and replaced with New Lane - Other |
|  |  |
|  |  |
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### New lane(s) to replace decommissioned lane(s)

If you are planning to decommission a currently authorised lane and replace it with a new lane, the new lane must meet the standards set out in Part 1 B of Schedule 3. Please select not applicable (N/A) if this does not apply to you.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| My new testing lane(s) shall meet the minimum standards set out in Part 1 B of Schedule 3 and Guidelines at least three months before the expiry of my current authorisation. | **Yes** |  | **N/A** |  |

## 4.17 CVR testing equipment

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Tick the boxes to confirm that the testing equipment intended for testing shall comply with the testing equipment regulations and guidelines issued by the Authority. | **Yes** |  | **No** |  |

## 4.18 RSA CVRT branding guidelines

RSA CVRT branding requirements are set out in the RSA’s *Commercial Vehicle Roadworthiness Testing Brand Manual.* This document is available on the [RSA’s CVRT website](https://cvrt.ie/en/About-CVRT/Pages/Become-a-CVR-test-centre.aspx).

|  |  |
| --- | --- |
| Tick this box to confirm that your testing centre shall comply with the RSA CVRT Branding Guidelines. |  |

## 4.19 Conformance issues

Please explain (in writing) any issues that you may have regarding conformance with Sections 4.6 to 4.18.

|  |
| --- |
|  |

## 4.20 Authorisation Fees and costs of repeated inspections

|  |  |
| --- | --- |
| **(a)** | **The fee for the renewal of authorisation as a CVR test operator is €500.** The prescribed fee is payable upon acceptance of an offer of authorisation. The fee shall be paid to the RSA via the CVR fees ‘top up’ account.  **Note**: Any fees paid will not be refundable. |
| **(b)** | (b) In relation to CVR testing centre inspections, there are no costs chargeable to applicants for the initial or first subsequent inspection. However, costs are chargeable for second subsequent or further inspections that the RSA may conduct to establish that a CVR testing centre has the premises, facilities, equipment and testers necessary to enable tests to be carried out. The costs for repeated inspections shall be €200 per half day and or part thereof or €350 for a full day (being more than a half day). |

# 5. FINANCIAL RESOURCES AND TAX CLEARANCE REQUIREMENTS

## 5.1 Financial resources

Applicants are required to provide an accountant’s letter stating that, to the best of their knowledge and based on the information provided to them, that applicants have the necessary financial resources to provide CVR testing in respect of the authorisation being sought.

**Note**: The Road Safety Authority reserves the right to seek additional information from you regarding your financial resources.

## 5.2 Tax clearance

Applicants are required to demonstrate that they are tax compliant at the time of making this application. This requirement can be fulfilled by providing your PPSN/Tax Reference Number and your Tax Clearance Access Number which can be printed from the Revenue Online Service (ROS) (Tax Clearance Application Result section).

# 6. FIT AND PROPER PERSON REQUIREMENT

The Road Safety Authority **must** be satisfied that applicants are ‘fit and proper persons’ to be CVR test operators.

## 6.1 Notification of specified offences

In applying for renewal of authorisation as a CVR test operator, the applicant(s) or, in the case of a company, **each director and the company secretary**, or, in the case of an unincorporated association, **each partner or member of the committee of management** must notify the Road Safety Authority if he or she has been convicted in the State or in any other jurisdiction of any of the offences specified in Section 12(1) of the Road Safety Authority (Commercial Vehicle Roadworthiness) Act 2012.

|  |  |  |
| --- | --- | --- |
| Have you (as a sole trader) *or* any director or the company secretary of your company *or* any partner or member of the committee of management of your unincorporated association ever been convicted of an offence specified in Section 12(1) of the 2012 Act? | **Yes** | **No** |
| If **yes,** enclose with your application a **Conviction Notification Form** completed by each person convicted, in respect of each specified offence of which they were convicted (see CVR test operator Conviction Notification Form available on [www.cvrt.ie](http://www.cvrt.ie) ). | | |

**WARNING**: Failure to notify the Road Safety Authority of such a conviction or providing information to the Authority knowing it to be false or misleading is a criminal offence and may result in the Road Safety Authority determining that **you are not a fit and proper person** to hold an authorisation and the refusal of the application.

# 7. SUSPENSIONS AND DIRECTION NOTICES

|  |  |  |
| --- | --- | --- |
| Has the authorised CVR test operator to whom this application to renew applies been **issued with Direction Notices** by the Road Safety Authority at any time during the current period of authorisation? | **Yes** | **No** |
| If **Yes**, please provide the number of directions issued during your current authorisation period. | | |

|  |  |  |
| --- | --- | --- |
| Has the authorised CVR test operator to whom this application to renew applies been **suspended** by the Road Safety Authority at any time during the current period of authorisation? | **Yes** | **No** |
| If **Yes**, please the dates of the periods of suspension, details of the requirements to be complied with and the action taken. | | |

# 8. DECLARATION

I/We wish to apply for renewal of my/our authorisation as a CVR test operator.

/We hereby declare that the information furnished in this application is complete, true and accurate.

I/We consent to the Authority verifying the accuracy of any information furnished in this application.

I/We confirm that I/we have or have the capacity to obtain the necessary financial resources to provide CVR testing under the authorisation applied for.

I/We hereby confirm that I/we will notify any changes to any details in this renewal application to the Authority during the application process (for example, change of address, change in financial status of the CVR test operator, changes to directors or the secretary of the company, or partners (in the case of a partnership) or any other changes that might affect the authorisation.

I/We confirm that I/we will (during the period of authorisation) notify the Road Safety Authority if I am/we are convicted of any of the offences specified in Section 12(1) of the Road Safety Authority (Commercial Vehicle Roadworthiness) Act 2012 within 28 days of the expiry of the time allowed for appealing such conviction or the determination or withdrawal of the appeal of such conviction

## Who must sign

* Limited Liability Company: each director and the company secretary must sign.
* For an application from an individual / sole trader: the individual must sign.
* For an application from an unincorporated association: each partner or member of the committee of management must sign.

|  |  |  |  |
| --- | --- | --- | --- |
| First name | Surname | **Position** | Signature |
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