

## CERTIFICATION APPLICATION

### Recreational Craft - Inflatable boat - Part 1

Ref.: ISO 6185-1

## FOR IMCI USE ONLY

Certificate No.:

Manufacturer:

Address:

ZIP Code:

City:

Country:

VAT #:

Signatory, Name:

Signatory, Title:

Phone:

Email:

WWW:

Model Year on Watercraft Identification Number (WIN):

Model Name:

Other model names (with identical technical data):

Head of Engineering:

### This application is valid for:

Directive 2013/53/EU (RCD II) related to CE marking for EU.

[Yes, No]

Recreational Craft Regulation (RCR) related to UKCA marking for United Kingdom

[Yes, No]

### Requirements

(ISO)/{Directive} reference  
if not ISO 6185-1

Clause

Please  
complete as  
appropriate

1 Boat category (Type I, II, III A, III B, IV)		[1, 3.14/15]	
2 Design category (D)	{1}		D
3 Module			A1
4 Boat type (inflatable boat INF or rigid inflatable boat RIB)		[3.1, 3.2]	
5 Length of the hull (LH <= 8) [m]	(8666)		
6 Waterline length (LWL) [m]	(8666)		
7 Beam of the hull (BH) [m]	(8666)		
8 Maximum declared speed of craft (v) [knots]	(12215-5)		
9 Total mass (M) [kg]		[6.4]	
10 Maximum rated engine power (Pmax <= 4,5) [kW]	{Annex I A. 4}	[6.2]	
11 Maximum permissible number of persons (n)		[6.1]	
12 Maximum load capacity (m) [kg]		[6.4]	
13 Residual buoyancy (mr >= 0,5 * m) [kg]		[6.8]	
14 Design working pressure(-s) [bar]		[6.5]	

### meets the following requirements:

15 Static stability	[6.3]	YES
16 Manoeuvrability	[6.9]	YES
17 Compartmentation	[6.10]	YES
18 Complies with Annex A (for type III only)	[Annex A]	
19 Complies with Annex B (for type IV only)	[Annex B]	

Boat Manufacturer: \_\_\_\_\_  
Boat Model Name: \_\_\_\_\_  
CIN Model Year: \_\_\_\_\_

**Note:** If boat does not use certified components, the boat manufacturer must enclose a filled in component certification application form!

**This boat model uses the following components or options [ Annex II ]**

Component type	Manufacturer's model(s)	DoC
Sterndrive engines <b>with</b> integral exhaust or		
Sterndrive engines <b>without</b> integral exhaust		
Windows, portlights, hatches, deadlights and		

As the manufacturer or his authorised representative, I declare under sole responsibility that the above product(s) to which this declaration relates is in conformity with the referenced requirements.

This application has not been lodged with any other notified body / conformity assessment body.

Date (yymmdd) and Signature of Manufacturer or his authorised Representative: \_\_\_\_\_

**For IMCI / IMCI (UK) office use only**

**Application review**

Application accepted for IMCI: clear name, date (yymmdd) [Yes, No] \_\_\_\_\_

Application accepted for IMCI (UK): clear name, date (yymmdd) [Yes, No] \_\_\_\_\_

Comments to application or reason(s) if refused: \_\_\_\_\_

**For IMCI / IMCI (UK) Inspector use (if applicable)**

I declare under our sole responsibility that the above product(s) has (have) been developed without my involvement.  
The content of this form has been checked.

Place of inspection: \_\_\_\_\_

Date of inspection report (yymmdd): \_\_\_\_\_

Inspection done by Inspector: Stamp, Clear Name, Signature: \_\_\_\_\_

Comments on Inspection by Inspector: \_\_\_\_\_

Boat Manufacturer: \_\_\_\_\_

Boat Model Name: \_\_\_\_\_

WIN Model Year: \_\_\_\_\_

**This page is only for IMCI / IMCI (UK) office use**

**Inspection details if done at IMCI / IMCI (UK) office**

Inspection report date (yymmdd): \_\_\_\_\_

Inspection done by: Clear Name, Signature: \_\_\_\_\_

Comments on Inspection report by Office: \_\_\_\_\_

**Review**

Review by Office: Clear Name, Signature and Date (yymmdd): \_\_\_\_\_

Comments on Review by Office: \_\_\_\_\_

**Certification decision**

Certification decision by Office: Clear Name, Signature and Date (yymmdd): \_\_\_\_\_

Comments on Certification decision by Office: \_\_\_\_\_