

## **Guidance on using this workbook**

Application form and checklist\_Inflatable & RIB ISO 6185-4 \_Module A1, B, G en240408

### **When is this workbook applicable?**

For the certification of Inflatables and RIBs according to ISO 6185-4 in Module A1, B and G

### **Who shall fill in the sheets in this workbook?**

Each sheet name and on top of each sheet you find a colour indication by whom it shall be filled in:

The manufacturer

The inspector

The IMCI / IMCI (UK) office

Note: the checklists shall be prefilled by the manufacturer but can also be used by the inspector.

### **Which cells shall be fill in?**

All lines indicated this colour must be filled in for Module A1, B and G

All lines indicated this colour must only be filled in for Module B and G but not for A1

### **Anything else to pay attention to?**

The submitted data will appear on the certificate. Therefore, due care shall be taken that the data are the final ones and correct. In case that data are changing after the workbook has been submitted, please contact the inspector and IMCI / IMCI (UK) office.

### **Overview of the workbook with links to the sheets:**

Sheets to be filled in by the manufacturer:

[ISO 6185-4 Page 1](#)

[ISO 6185-4 Page 2](#)

[ISO 6185-4 Page 3](#)

Sheets to be filled in by the inspector:

[INSPECTOR](#)

Sheets to be filled in by the IMCI / IMCI (UK)

[OFFICE](#)

**To be filled in by the manufacturer**

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**CERTIFICATION APPLICATION**  
**Recreational Craft - Inflatable & RIB - Part 4**  
**Ref.: EN ISO 6185-4:2017**

<b>FOR IMCI / IMCI (UK) USE ONLY</b>
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 6185-4	Clause	Please complete as appropriate
1 Module (A1, B or G)	{Directive}	Art. 20	
2 Boat category (IX or X)		[Scope]	
3 Design category (B, C or D)	{Directive}	Annex I	
4 Boat type (inflatable boat INF or rigid inflatable boat RIB)		[3.12]	
5 Engine type (Outboard, Sterndrive, Shaft, Jet, Pod)			
6 Length of the hull (L <sub>H</sub> ) [m]	(8666)		
7 Waterline length (L <sub>WL</sub> ) [m]	(8666)		
8 Beam of the hull (B <sub>H</sub> ) [m]	(8666)		
9 Maximum declared speed of craft (v) [knots]	(12215-5)		
10 Loaded displacement (m <sub>LDC</sub> ) [kg]	(8666)		
11 Maximum load (m <sub>L</sub> ) [kg]	(12217-1)		
12 Crew limit (n)		[7.1]	
13 Maximum rated engine power (P <sub>max</sub> ) [kW]		[7.2]	
14 Nominal pressures (inflatable buoyancy tubes) [bar]*		[7.8]	
15 Maximum load for the builders plate (m <sub>MBP</sub> ) [kg]	(14945, 14946)	[7.5]	
16 Total buoyant volume (V) [m <sup>3</sup> ]		[7.6]	
17 Compartmentation, number (N) if inflatable tubes*		[7.7]	
18 Valves comply (if applicable)*		[6.3]	
19 Static stability complies*		[7.4]	
20 Buoyancy requirements are met*		[7.6]	
21 Materials comply		[5]	
22 Conditioning during test kept		[6.1]	
23 Buoyancy tubes and hull fittings		[6.2]	
24 Transom	(12215-5, 12215-6)	[6.4]	

**To be filled in by the manufacturer**

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

Requirements	(ISO)/{Directive} reference if not ISO 6185-4	Clause	Please complete as appropriate
25 Hull interior drainage		[6.5]	
26 Remote steering system (if standard or optional equipment)	(8847, 8848, 10592)	[6.6]	
27 Towing, anchoring and mooring devices	(15084)	[6.7]	
28 Seating and attachment system (if standard or optional equipment)	(14946, 15085)	[6.8]	
29 Electrical installations (if standard or optional equipment)	(10133, 13297)	[6.9]	
30 Engine and engine spaces	{2}, (9094)	[6.10]	
31 Ventilation of petrol engine and petrol tank compartments (if appl.)	(11105)	[6.11]	
32 Devices for lifting the boat (if applicable)		[6.12]	
33 Fire protection (if applicable)	(9094)	[6.13]	
34 Openings in hull, deck or superstructure	(9093, 12216)	[6.14]	
35 Gas systems	(10239)	[6.15]	
36 Navigational lights	(16180, COLREGS)	[6.16]	
37 Discharge prevention	(8099)	[6.17]	
38 Noise emissions (applicable to inboard eng. w/o integral exhaust)		[6.18]	
39 Maximal maneuvering speed (if applicable)		[7.3]	
40 Strength of the inflatable buoyancy tube		[7.9]	
41 Man overboard prevention and recovery	(150985)	[7.10]	
42 Field of vision from the helm position	(11591)	[7.11]	
43 Provision for (a) liferaft(s)	{2}	[7.12]	
44 Self-bailing		[7.13]	
45 Buoyancy tube attachment strength test		[7.14]	
46 Strength of the rigid structure		[7.15]	
47 Strength of principal fitted accessories		[7.16]	
48 Builder's plate(s)		[8]	
49 Owner's Manual		[9]	
50 Standard equipment provided		[10]	
51 Complies with Annex A (type IX) or Annex B (type X)		[Annex]	

Engine package	
Combustion, Electrical	
Fuel type (if applicable)	Petrol, Diesel, LPG, CNG, other
Drive type	Inboard engine with shaft; Sterndrive engine with integral exhaust; Sterndrive engine without external exhaust; Jet; Pod drive; Outboard
Engine Manufacturer:	
Model designation:	
Maximum power:	
Mass per engine:	
Number of engines installed:	

**To be filled in by the manufacturer**

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Boat Manufacturer: \_\_\_\_\_  
 Boat Model Name: \_\_\_\_\_  
 WIN 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
Steering helm assembly		
Steering wheel		
Fuel tank		
Fuel hose		
Windows, portlights, hatches, deadlights and doors		
Ignition Protected Devices		
Other, describe		

(\* ) Calculations and/or test reports are attached to this application form for items in line

As the manufacturer or his authorised representative or private importer, 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): \_\_\_\_\_

Signature: \_\_\_\_\_

**For IMCI / IMCI (UK) office use only - Application Review**

**Application accepted for IMCI** <sup>Note 1</sup> [Yes, No] \_\_\_\_\_  
 Date (yymmdd) \_\_\_\_\_

Clear name and signature: \_\_\_\_\_

**Application accepted for IMCI (UK)** <sup>Note 1</sup> [Yes, No] \_\_\_\_\_  
 Date (yymmdd) \_\_\_\_\_

Clear name and signature: \_\_\_\_\_

Note 1: this date sets the reference of the applied standards.

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



**To be filled in by the inspector**

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

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

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

**Inspection Report / Evaluation by IMCI / IMCI (UK) Inspector:**

I declare under our sole responsibility that I have not been active for the manufacturer in design, construction, marketing or other activities. The content of the documentation has been checked.

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

Inspection place: \_\_\_\_\_

Inspector: first name, surname \_\_\_\_\_

Inspector: Stamp, Signature: \_\_\_\_\_

Comments on the Inspection Report / Evaluation by Inspector:


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

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

Routeing #: \_\_\_\_\_

Certificate number: \_\_\_\_\_

**Inspection Report / Evaluation activity by office staff member(s), if applicable**

Inspection Report / Evaluation staff member 1: first name, surname \_\_\_\_\_

Date of evaluation (yymmdd): \_\_\_\_\_

Evaluation staff member: Signature  
\_\_\_\_\_

Comments on evaluation by staff member:  
\_\_\_\_\_  
\_\_\_\_\_

**Review activity by office staff member(s)**

Review staff member: first name, surname \_\_\_\_\_

Date of review (yymmdd): \_\_\_\_\_

Review staff member: Signature  
\_\_\_\_\_

Comments on review by staff member:  
\_\_\_\_\_  
\_\_\_\_\_

**The certification decision is made by signing and dating the corresponding IMCI certificate**