

CERTIFICATION APPLICATION

**Recreational craft
module A1, design and construction**

FOR IMCI / IMCI (UK) USE ONLY

Routing #:
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) reference	[RCD / RCR] reference	Please complete as appropriate
1 Boat type (Non-Powered boat, Power OB, Power IB, Power SD, Sail, Sail Multihull).			
2 Design category (A, B, C or D)		[Annex I A.]	
3 Module		[Annex VI]	A1
4 Length of the hull (L _H) [m]	(8666)		
5 Waterline length (L _{WL}) [m]	(8666)		
6 Beam of the hull (B _H) [m]	(8666)		
7 max. Beam of the Craft (B _{max}) (for multihulls only) [m]	(8666)		
8 Maximum draught (T _{max}) [m]	(8666)		
9 Loaded displacement mass (m _{LDC}) [kg]	(12217)		
10 Maximum declared speed of craft (v) [knots]	(12215-5)		
11 Maximum rated engine power [kW]	(8665)		
12 Number of persons recommended (for builder's plate)	(14945)	Annex. I A.[2.2]	
13 Maximum load recommended (for builder's plate) [kg]	(14946)	Annex. I A.[3.6]	
14 Light craft condition mass (m _{LC}) [kg]	(12217)		
15 Mass in the minimum operation condition (m _{MO}) [kg]	(12217)		
16 STIX (only sailing boat if applicable)	(12217)		
17 AVS (only sailing boat if applicable)	(12217)		
18 Stability and freeboard	(12217)	Annex. I A.[3.2]	YES (*)
19 Buoyancy and floatation	(12217)	Annex. I A.[3.3]	YES (*)
20 Openings in hull, deck and superstructure	(12216, 9093)	Annex. I A.[3.4]	YES (*)
21 Flooding, Cockpit	(11812, 12216, 12217, 9093)	Annex. I A.[3.5]	YES (*)

(*) Calculations and/or test reports are attached (see lines 13 - 17)

This boat model uses the following components

Component type	Manufacturer's model(s)	DoC
Sterndrive engines with integral exhaust or outboard engine(s)		
Sterndrive engines without integral exhaust or inboard engine(s) with shaft		
Windows, portlights, hatches, deadlights and doors		

Calculation of Froude number and Power to Displacement ratio as per RCD II, Annex I, C:

Input Performance test mass, m_P [kg]:

Fn: #DIV/0!

P/D: #DIV/0!

If non-integral exhaust, compliance achieved by Fn ≤ 1,1 and Power to Displacement of ≤ 40: #DIV/0!



Boat Manufacturer: _____

Boat Model Name: _____

WIN Model Year: _____

As the manufacturer or his authorised representative, I declare under sole responsibility that the above product(s) to which this declaration relates is on 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: _____

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Application review

Application accepted for IMCI: clear name, date (yymmdd) [Yes, No] ^{Note 1} _____

Application accepted for IMCI (UK): clear name, date (yymmdd) [Yes, No] ^{Note 1} _____

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

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:

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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: