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CERTIFICATION APPLICATION
START-IN-GEAR PROTECTION
Ref.: ISO 11547

FOR IMCI / IMCI(UK) USE ONLY
Certificate No.:

Manufacturer:	
Address:	
ZIP Code:	
City:	
Country:	
VAT #:	
Signatory, Name:	
Signatory, Title:	
Phone:	
Email:	
Phone:	
Model (Group-) Name:	
Model Name:	
Model Year:	
Head of Engineering:	

This application is valid for:

Directive 2013/53/EU (RCD II) related to CE marking for EU.	[Yes, No]	Indicate
Recreational Craft Regulation (RCR) related to UKCA marking for United Kingdom	[Yes, No]	

Selected test data

	Clause	Requirements	As tested
1 Outboard engine has static thrust of 500 N or more	4.1	[Yes ?]	YES
2 Device prevents starting when controls are set so as to attain or exceed static thrust of 500 N	4.1	[Yes ?]	YES
3 If motor is equipped with remote starting system, motor has either integral device as mentioned in 3.1 or similar device incorporated in the remote control system and shows Warning	4.2	[Yes ?]	YES
4 Did you provide an owner's manual	5	[Yes ?]	YES
5 Comments:			

As the manufacturer or his authorised representative, I declare under the sole responsibility that the above product(s) to which this declaration relates is in conformity with ISO 11547. This application has not been lodged with another notified body and/or conformity assessment body.

Date (yymmdd) and Signature: _____



Manufacturer: _____

Model Name: _____

Model Year: _____

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

IMCI / IMCI (UK) Inspector (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.

Date (yymmdd) and place of inspection: _____

Evaluation by Inspector: Stamp, Clear Name, Signature and Date: _____

Comments on Evaluation by Inspector: _____

IMCI / IMCI (UK) office

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: _____

Evaluation

Evaluation by office (if applicable): Clear Name, Signature and Date (yymmdd): _____

Comments on Evaluation 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: _____

Comments on Certification decision by office: _____