

INTERNATIONAL MARINE CERTIFICATION INSTITUTE

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CERTIFICATION APPLICATION
SMALL CRAFT - NON-FIRE RESISTANT FUEL HOSES
Ref.: ISO 8469

FOR IMCI USE ONLY
Certificate No.: NFR

Manufacturer: _____
Address: _____
ZIP Code: _____
City: _____
Country: _____
VAT #: _____
Signatory, Name: _____
Signatory, Title: _____
Phone: _____
Fax: _____
Email: _____
WWW: _____
Model Name: _____
Head of Engineering: _____

Selected test data	Clause	Requirements	Unit	As tested
1 Hose type		[Fill / Vent / Feed ?]		
2 Nominal bore (inside diameter d)	4	See table 1	[mm]	
3 Tolerance	4	See table 1	[mm]	
4 Bursting pressure test passed according specified test conditions	5.1	[Yes ?]		YES
5 Vacuum collapse test passed under specified test conditions	5.2	[Yes ?]		YES
6 Volume change test for all layers passed under specified test conditions	5.3	[Yes ?]		YES
7 Mass reduction test for inner layers passed under specified test conditions	5.4	[Yes ?]		YES
8 Effect of ozone Test test passed under specified test conditions	5.5	[Yes ?]		YES
9 Fuel permeation determination performed under specified test conditions	5.6	[Yes ?]		YES
10 Determed Fuel permeation class	5.6	[Type 1 / Type 2 ?]		
11 Cold flex test passed under specified test conditions	5.7	[Yes ?]		YES
12 Abrasion test passed under specified test conditions (≥ 38 mm inner diameter)	5.8	[Yes/Na ?]		
13 Dry heat resistance test passed under specified test conditions	5.9	[Yes ?]		YES
14 Oil resistance test passed under specified test conditions	5.10	[Yes ?]		YES
15 Adhesion test passed under specified test conditions	5.11	[Yes ?]		YES
16 Hose marking complete and at least every 300 mm and 3 mm high	6	[Yes ?]		YES
17 Hose marking withstands wash with detergents	6	[Yes ?]		YES
18 Name of test laboratory				
19 Reference number of test report				
20 Comments:				

As the manufacturer or his authorised representative,
I declare under our sole responsibility that the above product(s) to which this declaration relates is in conformity
with ISO 8469. This application has not been lodged with any other notified body.

Date and Signature: _____

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.

Stamp, Date and Signature of Inspector: _____

Stamp, Date and Signature of IMCI Certification Manager: _____