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	CERTIFICATION APPLICATION		FOR IMCI/IMCI (UK) USE ONLY		DNLY
	NON-FIRE RESISTANT FUEL HOSES	Certifica	ate No.:		
	Ref.: ISO 8469:2013				
	Manufacturer:				
	Address:				
	ZIP Code:				
	City:				
	Country:				
	VAT#:				
	Signatory, Name:				
	Signatory, Title:				
	Phone:				
	Email:				
	WWW:				
	Model Name:				
	Model Year:				
	Head of Engineering:				
Thi	s application is valid for:				Indicate
• • • •	Directive 2013/53/EU (RCD II) related to CE marking for EU.		[Vec No]		mulcate
			[Yes, No]		
	Recreational Craft Regulation (RCR) related to UKCA marking for United Kingdom		[Yes, No]		
C - I	leated test data	Clause	Daminamanta	11	A - 4 4 1
	ected test data	Clause	Requirements	Unit	As tested
1	Hose type		[Fill / Vent / Feed ?]		
	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 ?]		
5	Vacuum collapse test passed under specified test conditions	5.2	[Yes ?]		
6	Volume change test for all layers passed under specified test conditions	5.3	[Yes ?]		
7	Mass reduction test for inner layers passed under specified test conditions	5.4	[Yes ?]		
8	Effect of ozone Test test passed under specified test conditions	5.5	[Yes ?]		
	Fuel permeation determination performed under specified test conditions	5.6	[Yes ?]		
	Determed Fuel permeation class	5.6	[Type 1 / Type 2 ?]		
11	Cold flex test passed under specified test conditions	5.7	[Yes ?]		
12	Abrasion test passed under specified test conditions (≥38mm inner diameter)	5.8	[Yes/NA ?]		
13	Dry heat resistance test passed under specified test conditions	5.9	[Yes ?]		
14	Oil resistance test passed under specified test conditions	5.10	[Yes ?]		
15	Adhesion test passed under specified test conditions	5.11	[Yes ?]		
16	Hose marking complete and at least every 300 mm and 3 mm high	6	[Yes ?]		
17	Hose marking withstands wash with detergents	6	[Yes ?]		
40	Provide a calibration report for the following and/or other measuring instruments				
18	used, if applicable:				
19	Temperature measuring device				
	Hygrometer				
21	Sliding gauge				
	Other measurement device(s)				
	Name of test laboratory				
	Reference number of test report				
	Test report: copy submitted with application?				
	Comments:				
	As the manufacturer or his authorised representative. I declare under our sole respo	neihility t	hat the above product	c) to w	hich this

declaration relates is in conformity with ISO 8469. This application has not been lodged with any other notified body and/or conformity assessment body.

Date (yymmdd) and Signature



Manufacturer:						
Model Name:						
Model Year:						
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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:						
Evaluation by inspector. Stamp, Oreal Hame, digitatore and Date.						
Comments on Evaluation by Inspector:						
IMCI / IMCI (UK) office						
Application review						
Application accepted for IMCI: clear name, date (yymmdd) [Yes, No]	<u></u>					
Application accounted for IMCL (LIK): clear name, data (summedd) [Voc. No.]						
Application accepted for IMCI (UK): clear name, date (yymmdd) [Yes, No]						
Comments to application or reason(s) if refused:						
(,,						
Evaluation Final parties by affice (if annihilate) Class Name Company and Data (company)						
Evaluation by office (if applicable): Clear Name, Signature and Date (yymmdd):						
Comments on Evaluation by office:						
Confinence on Evaluation by office.						
Review Review by office: Clear Name, Signature and Date (yymmdd):						
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Comments on Review by office:						
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Certification decision Certification decision by office: Clear Name, Signature and Date:						
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Comments on Certification decision by office:						
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