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CERTIFICATION APPLICATION	FOR IMCI / IMCI (UK) USE ONLY Certificate No.:			
CABLE AND PULLEY SYSTEMS				
Ref.: ISO 8847:2021				
Manufacturer:				
Address:				
ZIP Code:				
City:				
Postal Code:				
Country:				
VAT #:				
Signatory, Name:				
Signatory, Title:				
Phone:				
Email:				
WWW:				
Model Type:				
Model Name:				
Model Year:				
Head of Engineering:				
This application is valid for:				Indicate
Directive 2013/53/EU (RCD II) related to CE marking for EU.		[Yes, No]		maroato
Recreational Craft Regulation (RCR) related to UKCA marking for United Kingdom		[Yes, No]		
Recreational Clark Regulation (RCR) related to ORCA marking for officed kingdom		[165, 140]		
Selected test data	Clause	Requirements	Unit	As teste
Largest diameter of steering wheel as tested	Oldusc	requirements	mm	A3 tosto
2 Largest dish of steering wheel as tested			mm	
3 Threaded fasteners in question are provided with locking means	4.4	[Yes/NA ?]		
4 Loose lock washers, distorted thread nuts or separately applied adhesive is not used.	4.5	[Yes/NA ?]		
5 If plain threaded jam nuts are used to permit adjustments the design is compliant	4.6	[Yes/NA ?]		
6 Plastics and elastomers are designed to resist degradation as listed	4.7	[Yes/NA ?]		
7 Components of the steering system are corrosion resistant and galvanically compatibel	4.8	[Yes/NA ?]		
8 Components of the steering system are sized to prevent derailing or jamming of the cable	4.8	[Yes/NA ?]		
9 Materials do not affect the accuracy and reliablity of a compass mounted on the pedastal	4.11	[Yes/NA ?]		
10 Steering stops for OB application permit at least 30° of angular movement	5.1	[Yes/NA ?]		
11 The largest diameter and deepest dish steering wheel information is permanently marked	5.3.1	[Yes/NA ?]		
12 If sailing boat steering system, the cables to meet the specific requirements	5.5.1	[Yes/NA ?]		
13 If OB engine steering system, the cables do meet the specific requirements	5.5.2	[Yes/NA ?]		
14 Pulleys used on sailing boat steering systems do meet the specific requirements	5.6.1	[Yes/NA ?]		
15 Conduit used on sailing boat steering systems do meet the specific requirements	5.7	[Yes/NA ?]		
16 Cable drums used on OB steering systems provide a minimum cable travel of 760 mm	5.8	[Yes/NA ?]		
17 If sailing boat steering system, all components passed the tangential force test with 450 N	7.1.1	[Yes/NA ?]		
18 If OB engine steering system, the component tests from a) to c) have been tested and met	7.1.2	[Yes/NA ?]		
19 An owner's manual with information as defined is provided	8	[Yes ?]		
20 An instruction manual with information as defined is provided	9	[Yes ?]		
21 Specify type of laboratory: in-house or/and external ?				
22 Provide a calibration report for the following and/or other measuring instruments used, if				
applicable:				
23 Force gauge				
24 Other measurement device(s) as mentioned in the test report				
<sup>25</sup> Name of test laboratory				
26 Reference number of test report				
27 Test report: copy submitted with application?				
- Control of the Cont				
28 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 8847. 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:					
This page is only for IMCI / IMCI (UK) use					
IMCI / IMCI (UK) Inspector (if applicable)					
I declare under our sole responsibility that the above product(s) has (have) 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:					
Contitional and action					
Certification decision Certification decision by office: Clear Name, Signature and Date:					
2					
Occupants on Ocalification desiring by all					
Comments on Certification decision by office:					