

**CERTIFICATION APPLICATION**  
**HYDRAULIC STEERING SYSTEMS**  
**STEERING WHEEL**  
**Ref.: ISO 10592:1994**

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

Manufacturer:	
Address:	
ZIP Code:	
City:	
Country:	
VAT #:	
Signatory, Name:	
Signatory, Title:	
Phone:	
Email:	
WWW:	
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]	
Recreational Craft Regulation (RCR) related to UKCA marking for United Kingdom	[Yes, No]	

Selected test data	Clause	Requirements	Unit	As tested
1 Thermal conditioning passed and	9.5.1	[ Yes ?]		
2 UV exposure passed and	9.5.1	[ Yes ?]		
3 Wheel maintained afterwards correctly	9.5.2	[ Yes / NA ?]		
4 Axial load test (670 N) passed	9.5.2.1	[ Yes ?]		
5 Tangential load (450 N) test passed	9.5.2.2	[ Yes ?]		
6 1. Impact load test passed, 204 mm / 160 Nm	9.5.2.3.2	[ Yes ?]		
7 2. Impact load test passed, 345 mm / 270 Nm	9.5.2.3.3	[ Yes ?]		
8 Diameter of steering wheel			[ mm ]	
9 Dish of steering wheel			[ mm ]	
10 Specify type of laboratory: in-house or/and external ?				
11 Provide a calibration report for the following and/or other measuring instruments used, if applicable:				
12 Temperature measuring device				
13 Force gauge				
14 Sliding gauge				
15 Other measurement device(s)				
16 Name of test laboratory				
17 Reference number of test report				
18 Test report: copy submitted with application?				
19 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 10592. 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) 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.

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: \_\_\_\_\_