



CERTIFICATION APPLICATION

STEERING GEAR

GEARED LINK SYSTEMS

Ref.: ISO 13929:2001

FOR IMCI / IMCI (UK) USE ONLY

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 Maximum permissible output torque	4.1.1		[Nm]	
2 Maximum rudder angle	4.2.1		[degrees]	
3 Used materials do not affect accuracy and reliability of compass mounted on the pedestal	4.2.2	[Yes ?]		
4 Draglink allows ± 20 mm length adjustment and min. 15° angular misalignment	4.2.3	[Yes ?]		
5 Means provided for securing draglink	4.2.3	[Yes ?]		
6 Rudder/rack travel less than ± 65°	4.2.4	[Yes ?]		
7 Push-pull axial load test of 670 N for 10 cycles of min. 5 s passed	6.2	[Yes ?]		
8 Torque load test of 1,5 times rated max. output torque for 10 cycles of min. 5 s passed	4.1.1 6.3	[Yes ?]		
9 Marking as required	7	[Yes ?]		
10 Owner's manual shows required information	8.1	[Yes ?]		
11 Installer's manual shows required information	8.2	[Yes ?]		
12 Specify type of laboratory: in-house or/and external ?				
13 Provide a calibration report for the following and/or other measuring instruments used, if applicable:				
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 13929. 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: _____