



CERTIFICATION APPLICATION
REMOTE STEERING SYSTEMS
STEERING WHEEL
Ref.: ISO 8848:1990

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:

Directive 2013/53/EU (RCD II) related to CE marking for EU.	[Yes, No]	Indicate
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	7.2.3.1	[Yes ?]		
2 UV exposure passed and	7.2.3.2	[Yes ?]		
3 Wheel maintained afterwards correctly	7.2.3.3	[Yes / NA ?]		
4 Axial load test (670 N) passed	7.2.3.3.1	[Yes ?]		
5 Tangential load (450 N) test passed	7.2.3.3.2	[Yes ?]		
6 1. Impact load test passed	7.2.3.3.3	[Yes ?]		
7 2. Impact load test passed	7.2.3.3.3	[Yes ?]		
8 Diameter of steering wheel	Fig. 5		[mm]	
9 Dish of steering wheel	Fig. 5		[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 Protractor gauge				
14 Force gauge				
15 Sliding gauge				
16 Other measurement device(s)				
17 Name of test laboratory				
18 Reference number of test report				
19 Test report: copy submitted with application?				
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 8848. 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: _____