



I declare the information provided in relation to the vehicle referred to in this report:

- a. Is true and correct
- b. That the modifications/ repairs detailed above have been carried out to the vehicle such that the technical status and integrity of the vehicle and its other components and safety features have not been compromised and that the vehicle is safe to be used on the road and does not present a danger to the vehicle occupants or other road users.
- c. That the vehicle meets with the Road Traffic (Construction, Equipment and Use of Vehicles) Regulations (as amended), the Road Traffic (Lighting of Vehicles) Regulations (as amended) and the Road Traffic (Construction and Use of Vehicles) Regulations (as amended)
- d. That the vehicle meets with the essential technical provisions of the EU Directives to which the modification relates for the year and category of vehicle concerned.

I declare that (tick the following boxes as necessary and complete all the information) I am a "suitably qualified individual".

Documentary evidence of qualifications must be attached to this report.

Engineering/Technical Qualification (must be Level 7 or higher accredited course)

Level _____ University / Institute _____ Programme **MECHANICAL / AUTOMOTIVE**

Or

Membership Grade with Engineers Ireland

- Associate Chartered Fellow

Or

Membership Grade with Institute of Automobile Engineer Assessors:

- Associate Member Fellow Honorary

- Number of years relevant automotive experience (minimum 5) _____

Details of professional indemnity insurance (include company name (not broker), type of policy, expiry date)																			
Insurance Company (Not Broker)																			
Type of Policy																			
Policy Number																			
Expiry Date																			
Details of Person and/or Company Carrying Out Inspection																			
Name of Certifying Person																			
Signature of Certifying Person																			
Company Name																			
Position in Company																			
Company Address																			
Email Address of Company																			
Phone Number of Company																			
Date of Certification																			
Place of Certification																			

<p>The veracity of the vehicle defined in this document is the responsibility of the author of this document.</p>	<p>Official Stamp of the SQI / ATC / Manufacturer</p>
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To be submitted by email to info@motorsportireland.com