



PSSA Product Verification Scheme Application

Name		Job Title	
Company/Organisation			
Mailing address			
Postal code		City	Country
E-mail address (for confirmation)			Office telephone
Name and address for invoicing, if different from above:			Mobile phone



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Number of relevant locations:	Approximate turnover:	
Number of Employees:		
Brief description of your organisations' activities <i>(including any relationship as part of a larger organisation) :</i>		
Current certifications and approval held by your organization:		
Standard:	Certification Body:	Certificate No.:
Scope of management system certification(s), if held:		



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<p><i>YOUR PRODUCT (please complete a separate sheet for each product that you are submitting for verification)</i></p>	<p>Brief Product Description</p>	
<p>Full Product Name :</p>		
<p>Model Number or Reference :</p>		
<p>Vehicle Impact Test Performance Classification: <i>Please specify the classification to which your vehicle security barrier has been tested, in accordance with paragraph 4 of BSI PAS 68:2010</i></p>		
<p>Test Vehicle Information:</p> <p>Vehicle type:</p> <p>Vehicle weight:</p> <p>Vehicle speed:</p>		
<p>Impact angle :</p>		
<p>Vehicle Penetration Distance:</p>		
<p>Dispersion of major debris:</p>	<p>Resistance to removal by manual attack (optional): <i>Please specify product security rating in accordance with LPS 1175: Issue 6</i></p>	<p>Overseas Markets Compliance (optional): <i>Please specify compliance achieved with overseas standards e.g. ASTM F2656-07)</i></p>
<p>Test Report Numbers and Name of issuing organisation:</p>	<p>Test organisation accreditation reference number :</p>	
<p>Other information that you wish PSSA to take into account during product verification :</p>		



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Application Declaration:

I hereby confirm, as authorised representative of (Organisation name)

that:

- The information provided on this application is correct and complete
- We have read, and subject to acceptable quotation, accept the PSSA Product Verification Scheme Agreement, including terms and conditions of business
- The PSSA, and where necessary its elected certification body, may discuss this application with those involved in testing and evaluation of the vehicle security barriers

Name:

Job Title:

Date:

Signature:

For PSSA use only :

Reviewed by

Accepted : YES/NO

If not accepted, actions to be taken :