

SCHEDULE 4

Regulation 8

ACCESSIBILITY CERTIFICATE
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Department of the Environment, Transport and the Regions

DISABILITY DISCRIMINATION ACT 1995

Certificate No.....

I, the undersigned, a Vehicle Examiner duly appointed by the Secretary of State, hereby certify, in accordance with the provisions of the Disability Discrimination Act 1995, that the vehicle described below conforms to Schedule(s) to the Public Service Vehicles Accessibility Regulations 2000 made under the Disability Discrimination Act 1995.

Description of vehicle

Registration mark (if any):.....

Chassis (VTN) Number:.....

Date of manufacture or first use:.....

Chassis make:..... model:

Body make:..... model:

Vehicle Examiner

Signed

Print name: date: