

WEIGHT IDENTIFICATION CERTIFICATE FOR A TRAILER OUTSIDE OF THE SCOPE OF TYPE APPROVAL

(NOTE-PLEASE READ NOTES OVERLEAF BEFORE COMPLETING THIS CERTIFICATE)

THIS CERTIFICATE MUST BE COMPLETED IN FULL BEFORE BEING SUBMITTED TO YOUR LOCAL MOTOR TAX OFFICE

This certificate is to be completed where:

☐ the trailer which is to be first licensed is outside the scope of type approval
or

☐ the trailer has been modified subsequent to first licensing

(In cases where a type approval certificate of conformity or an individual approval has been issued in respect of the trailer, or the trailer has been previously registered or licensed in another Member State, then the form TF300A must be submitted.)

TYPE OF TRAILER

(Tick appropriate box thus v)

Draw Bar
Trailer

☐

Semi-Trailer

☐

Identification Mark
(See note 3)

Make

Body Type

Chassis Number (VIN)

No. of Axles

Maximum Design G.V.W.
(See note 4) (Gross Vehicle Weight)

kg

Maximum Design Axle weight (kg)

Front Axle	Axle 2	Axle 3	Axle 4	Axle 5	Axle 6
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Manufacture (See Note 6)

The trailer is outside of the scope of approval due to one of the following (tick relevant box):

- ☐ The date of manufacture for the trailer is prior to October 29th 2012.
- ☐ The date the trailer was manufactured as part of a multistage build (completed trailer) is prior to October 29th 2013 (See Note 7).
- ☐ The trailer is a special purpose trailer and was manufactured prior to October 29th 2014 (See Note 7).
- ☐ The trailer has been designed and constructed exclusively to be towed by an agricultural tractor. (See Note 8).
- ☐ The trailer is designed and constructed exclusively for use by the Defence Forces, Civil Defence, fire services or An Garda Síochána.
- ☐ The trailer has been modified subsequent to first licensing (See Note 5).

MANUFACTURERS DECLARATION

I hereby declare the information provided in relation to the trailer referred to above to be true and correct.

Name of authorised
representative (Block capitals):

Authorised Signature:

Address:

Date:

**STAMP OF MANUFACTURER,
ASSEMBLER OR AUTHORISED AGENT**

or, where it proves impracticable to have the certificate completed by the manufacturer, then an Approved Test Centre (ATC) appointed by the NSAI shall complete and sign the following declaration. (For a full list of ATC's approved to complete this form, please visit www.nsai.ie or click on the following <http://www.nsai.ie/Our-Services/Certification/Automotive-Certification/Motor-Vehicle-Approval-Schemes/Approved-Test-Centers.aspx>)