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ISO 6185-1:2001 Inflatables & Ribs en250115

| CERTIFICATION APPLICATION | FOR IMCI U | FOR IMCI USE ONLY | |
|--|-----------------------------|-------------------|-------------|
| Recreational Craft - Inflatable boat - Part 1 | Certificate No.: | | |
| Ref.: EN ISO 6185-1:2018 | | | |
| Manufacturer: | | | |
| Address: | | | |
| ZIP Code: | | | |
| City: | | | |
| Country: | | | |
| VAT #: | | | |
| Signatory, Name: | | | |
| Signatory, Title: | | | |
| Phone: | | | |
| Email: | | | |
| WWW: | | | |
| Model Year on Watercraft Identification Number (WIN): | | | |
| | | | |
| Model Name: | | | |
| Other model names (with identical technical data): | | | |
| Head of Engineering: | | | |
| This application is valid for: | | | |
| Directive 2013/53/EU (RCD II) related to CE marking for EU. | | [Yes, No] | |
| Recreational Craft Regulation (RCR) related to UKCA marking for United Kingdom | | [Yes, No] | |
| | - | | |
| Requirements | (ISO)/{Directive} reference | Clause | Please |
| | if not ISO 6185-1 | | complete as |
| | | | appropriate |
| 1 Boat category (Type <u>I</u> , <u>II</u> , <u>III A</u> , <u>III B</u> , <u>IV</u>) | | [1, 3.14/15] | |
| 2 Design category (<u>D</u>) | {1} | | D |
| 3 Module | | | A1 |
| 4 Boat type (inflatable boat <u>INF</u> or rigid inflatable boat <u>RIB</u>) | (0000) | [3.1, 3.2] | |
| 5 Length of the hull (LH < = 8) [m] 6 Waterline length (LWL) [m] | (8666) (8666) | | |
| 7 Beam of the hull (BH) [m] | (8666) | | |
| 8 Maximum declared speed of craft (v) [knots] | (12215-5) | | |
| 9 Total mass (M) [kg] | (12213-3) | [6.4] | |
| 10 Maximum rated engine power (Pmax < = 4,5) [kW] | {Annex I A. 4} | [6.2] | |
| 11 Maximum permissible number of persons (n) | , | [6.1] | |
| 12 Maximum load capacity (m) [kg] | | [6.4] | |
| 13 Residual buoyancy (mr >= 0,5 * m) [kg] | | [6.8] | |
| 14 Design working pressure(-s) [bar] | | [6.5] | |
| meets the following requirements: | | | |
| 15 Static stability | | [6.3] | YES |
| 16 Manoeuvrability | | [6.9] | YES |
| 17 Compartmentation | | [6.10] | YES |
| 18 Complies with Annex A (for type III only) | | [Annex A] | |
| 19 Complies with Annex B (for type IV only) | | [Annex B] | |

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| ISO 6185-1:2001 Inflatables & Ribs en25 | 50115 | | | |
|---|--|---------------------------------------|--|--|
| Boat Manufacturer: Boat Model Name: CIN Model Year: | | | | |
| Note: If boat does not use certified components, the boat manufacturer must enclose a filled in component certification application form! | | | | |
| This boat model uses the following components or options [Annex II] | | | | |
| Component type | Manufacturer's model(s) | DoC | | |
| Sterndrive engines with | | | | |
| integral exhaust or | | | | |
| Sterndrive engines without integral exhaust | | | | |
| Windows, portlights, | | | | |
| hatches, deadlights and | | | | |
| to This appli | As the manufacturer or his authorised representative, I declare under sole responsibility that the above product(s) to which this declaration relates is in conformity with the referenced requirements. This application has not been lodged with any other notified body / conformity assessment body. The following that the above product(s) to which the referenced requirements. This application has not been lodged with any other notified body / conformity assessment body. The following that the above product(s) to which the referenced requirements. This application has not been lodged with any other notified body / conformity assessment body. The following that the above product(s) to which the above product(s) to wh | | | |
| For IMCI / IMCI (UK) office use only Application review | | | | |
| Application accepted for IM Application accepted for IM Clear name, signature | ICI(UK): | [Yes, No] [Yes, No] date (yyyy-mm-dd) | | |
| Comments to application o | r reason(s) if refused: | | | |
| | | | | |
| For IMCI / IMCI (UK) Inspector use (if applicable) | | | | |
| I declare under our sole responsibility that I have not been active for the manufacturer in design, construction, marketing or other activities. The content of this form has been checked. | | | | |
| Place of inspection: | | | | |
| Date of inspection report | | (yyyy-mm-dd) | | |
| Inspection done by Inspector: Stamp, Clear Name, Signature: | | | | |
| | | | | |
| Comments on Inspection b | y Inspector: | | | |
| | | | | |

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The certification decision is made by signing and dating the corresponding IMCI certificate

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