

To be filled in by the manufacturer

Application form and checklist_Inflatable & RIB ISO 6185-3 _Module A1, B, G en250115

ISO 6185-3:2014 (EN ISO 6185-3:2018)

CERTIFICATION APPLICATION
Recreational Craft - Inflatable & RIB - Part 3
Ref.: EN ISO 6185-3:2018

FOR IMCI / IMCI (UK) USE ONLY
Certificate No.:

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 if not ISO 6185-3	Clause	Please complete as appropriate
1 Module (A1, B or G)	{Directive}	Art. 20	
2 Boat category (VII or VIII)		[Scope]	
3 Design category (B, C or D)	{Directive}	Annex I	
4 Boat type (inflatable boat INF or rigid inflatable boat RIB)		[3.12]	
5 Engine type (Outboard, Sterndrive, Shaft, Jet, Pod)			
6 Length of the hull (L _H) [m]	(8666)		
7 Waterline length (L _{WL}) [m]	(8666)		
8 Beam of the hull (B _H) [m]	(8666)		
9 Maximum declared speed of craft (v) [knots]	(12215-5)		
10 Loaded displacement (m _{LDC}) [kg]	(8666)		
11 Maximum load (m _L) [kg]	(12217-1)	[7.1]	
12 Crew limit (n)		[7.2]	
13 Maximum rated engine power [kW]		[7.8]	
14 Nominal pressures (inflatable buoyancy tubes) [bar]*		[7.6]	
15 Maximum load for the builders plate (m _{MBP}) [kg]	(14945, 14946)	[9]	
16 Total buoyant volume (V) [m ³]		[7.4]	
17 Compartmentation, number (N) if inflatable tubes*		[7.5]	
18 Total volume of the buoyancy tube (V _{Tubes}) [m ³]		[7.5]	
19 Valves comply (if applicable)*		[6.4]	
20 Static stability complies*		[7.3]	
21 Buoyancy requirements are met*		[7.4]	
22 Structural Materials		[5]	
23 Conditioning		[6.1]	
24 Fittings bonded to the flexible parts of the boat		[6.2]	
25 Manual lifting and carrying devices		[6.3]	

Guidance on using this workbook

Application form and checklist_Inflatable & RIB ISO 6185-3 _Module A1, B, G en250115

When is this workbook applicable?

For the certification of Inflatables and RIBs according to ISO 6185-3 in Module A1, B and G

Who shall fill in the sheets in this workbook?

Each sheet name and on top of each sheet you find a colour indication by whom it shall be filled in:

The manufacturer

The inspector

The IMCI / IMCI (UK) office

Note: the checklists shall be prefilled by the manufacturer but can also be used by the inspector.

Which cells shall be fill in?

All lines indicated this colour must be filled in for Module A1, B and G

All lines indicated this colour must only be filled in for Module B and G but not for A1

Anything else to pay attention to?

The submitted data will appear on the certificate. Therefore, due care shall be taken that the data are the final ones and correct. In case that data are changing after the workbook has been submitted, please contact the inspector and IMCI / IMCI (UK) office.

Overview of the workbook with links to the sheets:

Sheets to be filled in by the manufacturer:

[ISO 6185-3 Page 1](#)

[ISO 6185-3 Page 2](#)

[ISO 6185-3 Page 3](#)

Sheets to be filled in by the inspector:

[INSPECTOR](#)

Sheets to be filled in by the IMCI / IMCI (UK)

[OFFICE](#)

To be filled in by the manufacturer

Application form and checklist_Inflatable & RIB ISO 6185-3 _Module A1, B, G en250115

Boat Manufacturer: _____
 Boat Model Name: _____
 WIN Model Year: _____

Requirements	(ISO)/{Directive} reference if not ISO 6185-3	Clause	Please complete as appropriate
26 Rowlocks and oars (if standard or optional equipment)		[6.5]	yes
27 Transom (where applicable)		[6.6]	
28 Hull drainage (where applicable)		[6.7]	
29 Remote steering system (if standard or optional equipment)	(8847, 8848, 9775, 10592, 15652)	[6.8]	
30 Towing, anchoring and mooring devices		[6.9]	
31 Seating and attachment system (if standard or optional equipment)		[6.10]	
32 Electrical installations (if standard or optional equipment)	(10133, 13297)	[6.11]	
33 Engine and engine spaces		[6.12]	
34 Fuel system (where applicable for VII, obligatory for VIII)	(10088, 21487)	[6.13]	
35 Ventilation of petrol engine and petrol tank compartments	(11105)	[6.14]	
36 Devices for lifting the boat (if applicable)		[6.15]	
37 Fire protection (if applicable)	(9094)	[6.16]	
38 Openings in hull, deck or superstructure	(12216, 9093)	[6.17]	
39 Gas systems	(10239)	[6.18]	
40 Navigational lights	(16180)	[6.19]	
41 Discharge prevention	(8099)	[6.20]	
42 Strength of the inflatable buoyancy tube		[7.7]	
43 Man overboard prevention and recovery		[7.9]	
44 Field of vision from the helm position	(11591)	[7.10]	
45 Provision for (a) liferaft(s)		[7.11]	
46 Strength of the Rigid Structure (type test only)		[7.12]	
47 Strength of principal fitted accessories		[7.13]	
48 Safety Sign		[7.14]	
49 Performance, General		[8.1]	
50 Drop test (Ribs only)		[8.2]	
51 In-water performance		[8.3]	
52 Rowing test (where applicable, see 6.5)		[8.4]	
53 Watertightness test (not applicable to open floor, self-bailing boats)		[8.5]	
54 Manoeuvring-speed test		[8.6]	
55 Self-Draining (type VIII Boats only)		[8.7]	
56 Builder's plate(s)		[9]	
57 Owner's Manual		[10]	
58 Standard equipment		[11]	

Engine package (if applicable)	
Engine type:	Combustion, Electrical
Fuel type (if applicable):	Petrol, Diesel, LPG, CNG, other
Drive type:	Inboard engine with shaft; Sterndrive engine with integral exhaust; Sterndrive engine without external exhaust; Jet; Pod drive; Outboard
Engine Manufacturer:	
Model designation:	
Maximum power [kW]:	
Mass per engine [kg]:	
Number of engines installed:	



To be filled in by the manufacturer

Application form and checklist_Inflatable & RIB ISO 6185-3 _Module A1, B, G en250115

Boat Manufacturer: _____
 Boat Model Name: _____
 WIN 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
Steering helm assembly		
Steering wheel		
Fuel tank		
Fuel hose		
Windows, portlights, hatches, deadlights and doors		
Ignition Protected Devices		
Other, describe		

(*) Calculations and/or test reports are attached to this application form for items in line

As the manufacturer or his authorised representative or private importer, 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.

Date (yyyy-mm-dd) _____

Signature: _____

For IMCI / IMCI (UK) office use only - Application review

Application accepted for IMCI ^{Note 1} [Yes, No] _____
 Date (yyyy-mm-dd) _____

Clear name and Signature: _____

Application accepted for IMCI (UK) ^{Note 1} [Yes, No] _____
 Date (yyyy-mm-dd) _____

Clear name and Signature: _____

Note 1: this date sets the reference date for the issue date of applied standards.

Comments to application or reason(s) if refused:



To be filled in by the inspector

Application form and checklist_Inflatable & RIB ISO 6185-3 _Module A1, B, G en250115

Boat Manufacturer: _____

Boat Model Name: _____

WIN Model Year: _____

Inspection Report / Evaluation by IMCI / IMCI (UK) Inspector:

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 the documentation has been checked.

Inspection date: _____ (yyyy-mm-dd) _____

Inspection place: _____

Inspector: clear name (surname, first name): _____

Inspector: Stamp, Signature: _____

Comments on the Inspection Report / Evaluation by Inspector:

This page is only for IMCI / IMCI (UK) office use

Application form and checklist_Inflatable & RIB ISO 6185-3 _Module A1, B, G en250115

Boat Manufacturer: _____

Boat Model Name: _____

WIN Model Year: _____

Routeing #: _____

Certificate number: _____

Inspection Report / Evaluation activity by office staff member(s), if applicable

Inspection Report / Evaluation staff member: first name, surname _____

Date of evaluation: _____

(yyyy-mm-dd) _____

Evaluation staff member: Signature _____

Comments on evaluation by staff member: _____

Review activity by office staff member(s)

Review staff member: first name, surname _____

Date of review: _____

(yyyy-mm-dd) _____

Review staff member: Signature _____

Comments on review by staff member: _____

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