

Boats A1 en250115

**CERTIFICATION APPLICATION**  
**Recreational craft**  
**module A1, design and construction**

**FOR IMCI / IMCI (UK) USE ONLY**

Project #:  
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:	
Additional names for certificate (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]	

Data of the craft	(ISO) reference	[RCD / RCR] reference	Please complete as appropriate
1 Craft type (Power <u>OB</u> ; Power <u>IB</u> ; Power <u>SD</u> ; <u>Sail</u> ; <u>Sail Multihull</u> ; <u>Jet</u> ; <u>Manual</u> , if other please specify).			
2 Design category ( <u>A</u> , <u>B</u> , <u>C</u> or <u>D</u> )		Annex I A.	A
3 Module		Annex VI	A1
4 Length of the hull ( $L_H$ ) [m]	(8666)		
5 Waterline length ( $L_{WL}$ ) [m]	(8666)		
6 Beam of the hull ( $B_H$ ) [m]	(8666)		
7 max. Beam of the Craft ( $B_{max}$ ) (for multihulls only) [m]	(8666)		
8 Maximum draught ( $T_{max}$ ) [m]	(8666)		
9 Loaded displacement mass ( $m_{LDC}$ ) [kg]	(12217)		
10 Maximum declared speed of craft (v) [knots]	(12215-5)		
11 Maximum rated engine power [kW]	(8665)		
12 Maximum recommended number of persons	(14945, 14946)	Annex. I A.[2.2]	
13 Maximum load for the builder's plate ( $m_{MBP}$ ) [kg]	(14945, 14946)	Annex. I A.[3.6]	
14 Light craft condition mass ( $m_{LC}$ ) [kg]	(12217)		
15 Mass in the minimum operation condition ( $m_{MO}$ ) [kg]	(12217)		
16 STIX (only sailing boat if applicable)	(12217)		
17 AVS (only sailing boat if applicable)	(12217)		
18 Stability and freeboard	(12217)	Annex. I A.[3.2]	Yes
19 Buoyancy and floatation	(12217)	Annex. I A.[3.3]	Yes
20 Openings in hull, deck and superstructure	(12216, 9093)	Annex. I A.[3.4]	Yes
21 Flooding, Cockpit	(11812, 12216, 12217, 9093)	Annex. I A.[3.5]	Yes

(\*) Calculations and/or test reports are attached  
(see lines 13 - 17)

**Please attach to every project following drawings:** Topview, side view, with identification of downflooding points

**This boat model uses the following components**

Component type	Manufacturer's model(s)	DoC
Sterndrive engines <b>with</b> integral exhaust or outboard engine(s)		
Sterndrive engines <b>without</b> integral exhaust or inboard engine(s) with shaft		
Windows, portlights, hatches, deadlights and doors		

Calculation of Froude number and Power to Displacement ratio as per RCD II, Annex I, C:	Input Performance test mass, $m_p$ [kg]:	
	Fn:	#DIV/0!
	P/D:	#DIV/0!
<b>If non-integral exhaust, compliance achieved by <math>Fn \leq 1,1</math> and Power to Displacement of <math>\leq 40</math>:</b>		#DIV/0!

Boats A1 en250115

Boat Manufacturer: \_\_\_\_\_

Boat Model Name: \_\_\_\_\_

WIN Model Year: \_\_\_\_\_

As the manufacturer or his authorised representative, I declare under sole responsibility that the above product(s) to which this declaration relates is on conformity with the referenced requirements.  
This application has not been lodged with any other notified body / conformity assessment body.

Signature of Manufacturer or his authorised Representative: \_\_\_\_\_

date (yyyy-mm-dd) \_\_\_\_\_

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**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 by Inspector:

Boats A1 en250115

Boat Manufacturer: \_\_\_\_\_

Boat Model Name: \_\_\_\_\_

WIN Model Year: \_\_\_\_\_

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

**Inspection details if done at IMCI / IMCI (UK) office**

I declare under our sole responsibility that I have not been active for the manufacturer in design, construction, marketing or other activities.

Inspection report date (yyyy-mm-dd): \_\_\_\_\_

Inspection done by: Clear Name, Signature: \_\_\_\_\_

Comments on Inspection report by Office:

**Review**

Review by Office: Clear Name, Signature and Date (yyyy-mm-dd): \_\_\_\_\_

Comments on Review by Office:

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