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| cid:image001.png@01D395EB.83EBACB0 | ***DG Road Transport and Road Safety***  ***Direction Certification and Surveillance***  *City Atrium - Rue du Progrès 56 - 1210 Bruxelles*  ***Your contact***  *Mail : vehicle@mobilit.fgov.be* |  | ***Direction générale Mobilité et Sécurité routière***  ***Direction Circulation routière – Service Véhicules***  *City Atrium - Rue du Progrès 56 - 1210 Bruxelles*  ***Votre contact***  *Tél. : 00 32 (0)2 277 31 11*  *Fax : 00 32 (0)2 277 40 21* |

Form : Recognition of the European Representative

The **MANUFACTURER**

Company Name : ………………………………………………………………………….……………………………

Surname and Family Name : ………………………………………………………………………….……………………………

Acting in his/her capacity as (job title) : ………………………………………………………………………….……………….

Make  : ………………………………………………………………………….……………………………

Full Address : ………………………………………………………………………….……………………………

(incl. City and Country) ………………………………………………………………………….……………………………

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Mail : ………………………………………………………………………….……………………………

Tel : ………………………………………………………………………….……………………………

Stamp :

declares the company mentioned here after appointed to represent the manufacturer before the approval authority of the market surveillance authority and to act on the manufacturer’s behalf in matters covered by the following regulation (check the appropriate box) :

* Regulation (EU) 167/2013 of the European Parliament and of the Council of 5 February 2013 on the approval and market surveillance of agricultural and forestry vehicles
* Regulation (EU) 168/2013 of the European Parliament and of the Council of 15 January 2013 on the approval and market surveillance of two- or three-wheel vehicles and quadricycles.
* Directive 2007/46/EC of the European Parliament and of the Council of 5 September 2007 establishing a framework for the approval of motor vehicles and their trailers and of systems, components and separate technical units intended for such vehicles (Framework Directive).

**European REPRESENTATIVE**

Name/ Company Name : ………………………………………………………………………….……………………………

Full Address : ………………………………………………………………………….……………………………

………………………………………………………………………….……………………………

………………………………………………………………………….……………………………

Mail : ………………………………………………………………………….……………………………

Tel : ………………………………………………………………………….……………………………

Signed on ….…/….…/………… Signed on ….…/….…/…………

(representative’s signature) (manufacturer’s signature)