



# FIM RACING HOMOLOGATION PROGRAMME

**FIM RACING HOMOLOGATION PROGRAMME FOR BARRIERS (FRHPba)**


## **FRHPba-01 Application form**

June 2021



## I. TESTING LABORATORY

Once the application is completed, the FIM will request the Applicant to send free of charge new and virgin Barrier Samples to and limited to the following Testing Laboratory:

 <b>Impact Laboratory</b> Instituto de Investigación en Ingeniería de Aragón Universidad Zaragoza	<b>Laboratorio del Impacto</b> Parque Tecnológico TechnoPark MotorLand Att: FIM Racing Homologation Programme for barriers, Prof. Mario Maza Edificio Servicios Generales 44600 Alcañiz – Teruel – Spain Tel. +34 978 830 172
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## II. APPLICATION FORM (HOMOLOGATION) / FRHPba-01

To be filled in for each Barrier Model and returned by e-mail to [frhp@fim.ch](mailto:frhp@fim.ch)

<b>(1) Applicant's information</b>	
(1.1) Name	
(1.2) Address (road, city, ZIP code, country)	
(1.3) E-mail	
(1.4) Phone	
(1.5) Commercial trade mark(s)	
(1.6) Contact name	
(1.7) VAT number/Legal registration number	
<b>(2) Manufacturer's information</b>	
(2.1) Name	
(2.2) Address (road, city, ZIP code, country)	
(2.3) E-mail	
(2.4) Phone	
(2.5) Contact name	

<b>(3) Barrier Model</b>		<input type="checkbox"/> CCP	<input type="checkbox"/> CCR
(3.1) Commercial name(s)			
(3.2) Date of manufacture (mm, yyyy)			
(3.3) Size(s)			
(3.4) Fixation method			
(3.5) List of material			
(3.6) Material of the envelope			
(3.7) Fixation method(s)			
(3.8) Wished amount of Homologation labels (per year)			
(3.9) For CCR modules, Lifetime of the module (years)			

<b>(4) Documents to be mandatorily annexed</b>	
	(4.1) Tests reports for <b>Fire Resistance</b> (if applicable) or raw material certificate
	(4.2) Communication and guidelines for installation, storage, lifetime and disposal
	(4.3) Photos of the module

By signing this Application Form (homologation), the undersigned Applicant attests to the accuracy of the information provided and that the Samples submitted (in all types) are fully consistent with the indications set forth on the Application Form.

Applicant's representative

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

On \_\_\_\_/\_\_\_\_/\_\_\_\_