

Application for a permit for automated vehicles

The name of the trial operation

1. Applicant			
Name of applicant			
Name of the legally responsible for the trial			
Address to applicant			
Postcode	City		Country
Contact person if applicant is a company			
E-mail address to contact person		Telephone number/ mobile phone number	
Company reg no.		Desired start and end dates for the trial operation (YY-MM-DD)	
		Start:	End:

Attach information and documents as follows:

2. Management and responsibility

Describe how the trial operation will be managed and how responsibilities, tasks and powers are distributed for the person or persons who will be responsible for the trial operation. Name the attached document belong to this article:

3. The purpose of the trial

Describe the purpose and objectives of the trial operation. Name the attached document belong to this article:

4. Automated functions

Describe which fully or partially automated functions are to be tested and evaluated Name the attached document belong to this article:

5. Implementation of the trial operation

Describe overall how you plan to carry out the trial, how it will be evaluated and why the trial must be done in real traffic.

Name the attached document belong to this article:

6. Geographical area

Describe the geographical area and on which streets or roads the trial will be performed and also who is the road owner.

Name the attached document belong to this article:



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7. Risk management

Describe the risks you identified and measures taken to minimize these to an acceptable traffic safety level and how you continuously handle risks during the trial. Name the attached document belong to this article:

8. Ownership of the vehicles

Explain who owns the vehicles included in the trial. Name the attached document belong to this article:

9. Technical description of the vehicles

A technical description of the vehicles included in the trial. Name the attached document belong to this article:

10. Communication

Explain the need for exceptions according to chapter 8. § 18 of the Vehicle Ordinance (2009:211). Name the attached document belong to this article:

11. Other information

Account for other information of importance for the permit processing. Name the attached document belong to this article:

Printed name

Signature of legally responsible

I hereby declare that our organization has documentation, working methods and routines that are fully in order to ensure a road safety trial operation.

Signature

Date

Send application to

Swedish Transport Agency Box 267 781 23 Borlänge vag@transportstyrelsen.se