



**Wicklow County Council  
County Building  
Whitegates,  
Wicklow Town  
Co Wicklow  
A67 FW96**

**Approved Assessor's Report**

Particulars to be included in a report by an approved assessor where a service station complies with the requirements of the European Union (Stage II Petrol Vapour Recovery during refuelling of motor vehicles at service stations) Regulations 2011.

1. Name of service station owner:
2. Business address/registered office of owner:
3. Address of service station (if different):
4. Service station throughput (largest total annual quantity loaded/unloaded at service station in three years preceding this installation)
5. Date of testing:
6. Brief description of tests carried out:
7. Is this a first test for the purposes of these regulations:  
If not, state day, month and year of most recent test.

**Declaration**

I, ....., hereby confirm that I have tested the above service station on (insert date) ..... for compliance with the provisions of the European Union (Stage II Petrol Vapour Recovery during refuelling of motor vehicles at service stations) Regulations 2011 and to the best of my knowledge and belief this service station is in compliance with the said provisions.

**Signed:**

**Qualification/Profession and Company:**

**Address:**

**Date:**