

APPLICATION FOR AUTONOMOUS VEHICLE TRIAL ON PUBLIC ROADS

APPLICATION INSTRUCTIONS

- Applicants are required to read and understand MyAV Guideline prior to this application.
- All sections in this application form Futurise/MyAV/2021(013) needs to be fully completed with the required supporting documents as attachment in the appendices.
- Application form and supporting documents needs to be submitted at least 30 days before the proposed activity date to myav@futurise.com.my to avoid any delay.
- Contact Futurise at myav@futurise.com.my for any enquiries regarding the application.

TRIAL LOCATION AND ROUTE

AV trials must only be conducted at the designated Route A or B. The AV trial in this application will be conducted in:

| | | | |
|-----------------------|---|--|---|
| Location | | | |
| Route (Please tick ✓) | A | | B |

SECTION A: PERSONAL PARTICULARS

Accountable Manager:

Accountable Manager is the person who is accountable and responsible of the trial activities and safety compliances in this application.

| | |
|---------------------------------------------|--|
| Full name | |
| Passport / NRIC | |
| Name of Company/Institution | |
| Company registration number (if applicable) | |
| Company/institution address | |
| Telephone number | |
| Mobile number | |
| E-mail address | |

**Attach as Appendix 1:*

- i. Copy of NRIC / driving license.*
- ii. Copy of the company registration certificate (if applicable).*

Safety Officer / Operator:

Safety Officer / Operator is the person(s) who holds a valid driving license that competent to operate AV, respond to any safety issues and take-back control of the vehicle during trial.

| No. | Full name | Passport / NRIC | Mobile number | E-mail address |
|-----|-----------|-----------------|---------------|----------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

| | | | | |
|----|--|--|--|--|
| 4. | | | | |
| 5. | | | | |

**Attach as Appendix 2:*

- i. Copy of NRIC / driving license.*
- ii. Proof of AV training attended (may be organized/provided by the company).*
- iii. Proof of safety briefing attended (may be organized/provided by the company).*

SECTION B: TRIAL PLAN AND ACTIVITIES

Trial Plan:

Plan for the AV trial.

| | |
|---------------------------|--|
| Aim of the trial | |
| Objective(s) of the trial | |
| Expected outcome(s) | |
| Trial start date | |

Trial schedule:

Schedule of the AV trial activities.

Note: Route A trial period 6 months, Route B trial period 12 months

| No. | Trial activities | Month | | | | | | | | | | | |
|-----|------------------|-------|---|---|---|---|---|---|---|---|----|----|----|
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 1. | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | | |
| 5. | | | | | | | | | | | | | |

SECTION C: VEHICLE PARTICULARS

Vehicle Information:

Information of the vehicle to be used in the AV trial.

| | |
|--------------------------------|--|
| Vehicle model | |
| Vehicle production year | |
| Vehicle general specifications | |
| Vehicle registration number | |
| Vehicle chassis number | |

**Attach as Appendix 3:*

- i. Exterior picture of the vehicle.*
- ii. Copy of the vehicle road tax.*

Vehicle Safety Measures:

Safety measures included in the vehicle for the AV trial.

| No. | System / Feature | Descriptions and validations |
|-----|---------------------------------|------------------------------|
| 1. | Fallback switch | |
| 2. | Emergency stop (E-stop) switch | |
| 3. | Fire suppression / extinguisher | |

**Attach as Appendix 4:*

- i. Diagrams and pictures with descriptions of the features listed above.*
- ii. Further details and information.*

Vehicle Modifications:

Modifications done on the vehicle system/component for the AV trial.

| No. | System / Component | Purpose of the modification | Details and validations of the modification |
|-----|--------------------|-----------------------------|---------------------------------------------|
| 1. | | | |

| | | | |
|----|--|--|--|
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |

**Attach as Appendix 5:*

- i. Diagrams and pictures with descriptions of the modifications listed above.*
- ii. Further details and information.*

SECTION D: AV SYSTEM PARTICULARS

AV System:

AV systems included for the AV trial.

| No. | AV System / Feature | Descriptions, validations, development status and current capabilities |
|-----|--------------------------|------------------------------------------------------------------------|
| 1. | System safety | |
| 2. | System failsafe response | |

| | | |
|-----|---------------------------------------------------------------------------------|--|
| 3. | Human Machine Interface and Operator Information | |
| 4. | Object and Event Detection and Response (OEDR) | |
| 5. | Operational Design Domain (ODD) for Automated Mode | |
| 6. | Event Data Recorder (EDR) and Data Storage System for Automated Driving (DSSAD) | |
| 7. | Software Updates | |
| 8. | Cybersecurity and Over-the-air issues | |
| 9. | | |
| 10. | | |

**Attach as Appendix 6:*

- i. Diagrams and pictures with descriptions of the systems/features listed above.*
- ii. Further details, information and reports.*

SECTION E: RISK ASSESSMENT

Safety Management Plan:

Safety Management Plan that outlines potential risk and preventive actions to be carried out must be prepared by the trial organization and used in the trial.

**Attach as Appendix 7 the 'Safety Management Plan' document for the AV trial. Refer attached template as guidance.*

Safety Trial Measure:

Safety Trial Measure is a safety measure checklist in pre-flight must be prepared by the trial organization and used in the trial.

**Attach as Appendix 8 the 'Safety Trial Measure' checklist document for the AV trial.*

Safety Trial Procedure:

Safety Trial Procedure is a SOP to act and respond in emergency or accident events must be prepared by the trial organization and used in the trial.

**Attach as Appendix 9 the 'Safety Trial Procedure' document for the AV trial.*

SECTION F: INSURANCE

Insurance policy:

Insurance policy that covers vehicle, product, public, occupational health and safety, and any other related risks for the AV trial.

**Attach as Appendix 10 the copy of the insurance policy taken for the AV trial.*

SECTION G: APPLICATION SIGNATURE

Accountable Manager:

***I hereby confirm that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I further hereby agree to be bound by the terms and conditions set out in the Guideline for Public Road Trials of Autonomous Vehicles.**

| | |
|------------------|--------------|
| Application date | |
| Full name | |
| Passport / NRIC | |
| Signature | <p>.....</p> |

APPLICATION CHECKLIST

Checklist of the completed and required documents for the application.

| No. | Document | Yes (✓) | No (✓) | Remark |
|-----|----------------------------------------------------|---------|--------|--------|
| 1. | Completed application form Futurise/MyAV/2021(013) | | | |
| 2. | Appendix 1: Accountable Manager information | | | |
| 3. | Appendix 2: Driver/operator information | | | |
| 4. | Appendix 3: Vehicle information | | | |
| 5. | Appendix 4: Vehicle safety systems/features | | | |
| 6. | Appendix 5: Vehicle modifications | | | |
| 7. | Appendix 6: AV systems/features | | | |
| 8. | Appendix 7: Safety Management Plan | | | |
| 9. | Appendix 8: Safety Trial Checklist | | | |
| 10. | Appendix 9: Safety Trial Procedure | | | |
| 11. | Appendix 10: Insurance policy | | | |