

# SCHEME APPLICATION ENQUIRY FORM

## 1 BUSINESS

Trading Title of Business:

(exactly as shown on business stationery)

Address:

Postal Town:

County:

Postcode:

Company Registration No:

Contact Name:

Business Mobile:

Business Telephone No:

Business Email:

Website:

Do you have other business addresses/trading titles?

Yes

No

If 'Yes', please give their full Trading name(s), address(es) and contact name(s):

Does your business subcontract (outsource) any of its activities?

If yes, please detail the activity: (Examples: Scaffolding, Design etc.)

## 2 RESPONSIBLE PERSONNEL

### Proposed Principal Duty Holder / Nominee *(Delete as appropriate)*

Name:  Contact no:

Email:

### Proposed Qualified Supervisor/Technical Representative/ Competent Person/Nominated Designer

*(Delete as appropriate)*

Same as above:

Name:  Contact no:

Email:

### Additional Personnel

Name:  Contact no:

Email:  Role:

The above named technical personnel will be well versed in all applicable Building Regulations and Technical Standards, satisfies minimum technical training requirements and will represent the business at the assessment visit.

Yes

No

## 3 SCHEME(S) BEING APPLIED FOR

Approved Contractor Scheme *Complete section 4*

Domestic Installer Scheme *Complete section 4*

MCS Installer Scheme *Complete section 5*

Competent Person Scheme *Complete section 6*

PAS 2030 Installer Scheme *Complete section 6*

BAFE SP203-1 Scheme *Complete section 7*

## 4 AREAS OF APPLICATION - ELECTRICAL SCHEMES ONLY

Commercial\*

Domestic

PAT testing

EICR's\*

Hazardous Areas\*

Scottish Certification\*

**Proceed to section 8** 

*\*Available under Approved Contractor Scheme Only*

## 5 AREAS OF APPLICATION - MCS INSTALLER SCHEME ONLY

Please select from the below measures:

Solar Photovoltaic (PV)

Micro Wind Turbines

Solar Thermal

Air Source Heat Pumps

Biomass

Ground Source Heat Pumps

Combined Heat and Power (CHP)

Note: Competent Person Scheme can be included within the price of MCS Registration if it is applied for on initial application and applicable criteria is met satisfying both schemes. Please tick this box to opt in:

**Proceed to section 8** 

## 6 AREAS OF APPLICATION - COMPETENT PERSON AND PAS 2030 INSTALLER SCHEMES ONLY

Your business may apply to be assessed against all or any combination of the following measures. I / we wish to be assessed against the following measures covered under the PAS 2030 and Competent Persons Schemes.

### Heating and Plumbing

Condensing Boilers Gas Fired	<input type="checkbox"/>	Condensing Boilers Oil Fired	<input type="checkbox"/>
Condensing Boilers LPG Fired	<input type="checkbox"/>	Heating Controls	<input type="checkbox"/>
Under-Floor Heating	<input type="checkbox"/>	Warm Air Units (Gas or Oil)	<input type="checkbox"/>
Flue Gas Recovery	<input type="checkbox"/>	Heating Systems Insulation (Pipes and Cylinders)	<input type="checkbox"/>
		Hot Water Systems (Waste Water)	<input type="checkbox"/>

### Insulation

Cavity Wall Insulation	<input type="checkbox"/>	Loft Insulation	<input type="checkbox"/>
Pitched Roof Insulation	<input type="checkbox"/>	Flat Roof Insulation	<input type="checkbox"/>
Internal Wall Insulation	<input type="checkbox"/>	External Wall Insulation	<input type="checkbox"/>
Hybrid Wall Insulation	<input type="checkbox"/>	Draught Proofing	<input type="checkbox"/>
Floor Insulation	<input type="checkbox"/>	Energy Efficient Windows and Doors	<input type="checkbox"/>
		Room in Roof	<input type="checkbox"/>

### Electrical

Lighting Controls and Light Fittings (Non-Domestic)	<input type="checkbox"/>	Storage Heaters	<input type="checkbox"/>
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### Renewable Technologies

Ground Source Heat Pumps	<input type="checkbox"/>	Air Source Heat Pumps	<input type="checkbox"/>
Biomass Boilers	<input type="checkbox"/>	Solar Thermal	<input type="checkbox"/>
Micro CHP	<input type="checkbox"/>	Solar Photovoltaic	<input type="checkbox"/>
Micro Wind Turbines	<input type="checkbox"/>		

Note: Competent Person Scheme can be included within the price of PAS 2030 Registration if it is applied for on initial application and applicable criteria is met satisfying both schemes. Please tick this box to opt in.

**Proceed to section 8** 

## 7 AREAS OF APPLICATION - BAFE SP203-1 SCHEME ONLY

Please select modules below for which certification is sought:

Design       Installation       Commissioning & Handover       Maintenance

## 8 APPLICATION CHECKLIST

Please answer the questions below to provide an indication of your business's current level of compliance with scheme requirements:

The Business:	Yes	No
Holds copies or has access to the Building Regulations and other applicable standards/specifications relating to this application.	<input type="checkbox"/>	<input type="checkbox"/>
Has public liability insurance and employers liability insurance (as appropriate).	<input type="checkbox"/>	<input type="checkbox"/>
Has professional indemnity insurance (PAS 2030 only).	<input type="checkbox"/>	<input type="checkbox"/>
Understands the need to provide a warranty to domestic installation customers in England and Wales.	<input type="checkbox"/>	<input type="checkbox"/>
Has and maintains suitable tools and equipment for all work undertaken.	<input type="checkbox"/>	<input type="checkbox"/>
Is a member of an Approved Consumer Code Scheme (MCS Installer Scheme only)	<input type="checkbox"/>	<input type="checkbox"/>

## 9 **DECLARATION**

I confirm that all information provided on this application enquiry form is true and accurate and includes all relevant material facts.

**Upon submission of this application enquiry form a member of our sales team will be in contact with you to complete your application and process payment.**

Name:

Signature:

Date:

Position in Company:

The information you provide, in accordance with the Data Protection Act 1998, is collected, processed and stored in a fair, lawful and transparent manner and is collected as necessary to facilitate the registration and servicing of the business. The information will be kept securely, and will be kept no longer than necessary. Information will be held and used throughout Certsure LLP and may, from time to time, be used to send you marketing information relating to products or services we feel you may be interested in. Please confirm that you would be happy to receive this information:  By e-mail  By telephone

Please tick here if you would prefer not to receive marketing information from Certsure LLP

Please tick here if you would prefer not to receive marketing information from carefully selected third parties