

Application Form

(Electrical work in non-hazardous areas)

Please read NICEIC Rules Relating to Enrolment and the accompanying 'Guide to Enrolment' before completing this form.

Please note that electrical work in potentially explosive atmospheres (hazardous areas) is subject to a separate application and assessment process.

1 Business

Trading Title of Business:

(exactly as shown on business stationery):

Address:

Postal Town:

County:

Postcode:

Business Email:

Telephone:

Mobile:

Company Registration Number:

2 Details of businesses

Do you have other business addresses/trading titles?

Yes ☐

No ☐

If 'Yes', do they undertake electrical installation work?

Yes ☐

No ☐

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

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

Yes ☐

No ☐

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

3 Proposed Principal Duty Holder

Name:

Signature:

Date:

Contact No:

Email:

4 Proposed Qualified Supervisor(s)

Same as above ☐

Name:

Signature:

Date:

Contact No:

Email:

Name:

Signature:

Date:

Contact No:

Email:

5 Application Checklist

Please indicate the areas of installation work that your business is engaged in:

Domestic ☐

Commercial ☐

Industrial ☐

Other ☐

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

The Business:

Yes

No

Has a proposed Qualified Supervisor or equivalent, who is well versed in all applicable Building Regulations and Technical Standards, satisfies minimum technical training requirements and will represent the organisation at the assessment visit.

☐☐

Holds copies or has access to the Building Regulations and other applicable standards/specifications relating to their application.

☐☐

Has public liability insurance and employers liability insurance (as appropriate).

☐☐

Understands the need to provide a warranty to domestic installation customers in England and Wales.

☐☐

Has and maintains suitable tools and equipment for all installation work.

☐☐

Please refer to accompanying leaflet 'Technical Requirements for Qualified Supervisors' to ensure that the proposed Qualified Supervisor has the appropriate qualifications. Please provide copies of qualification certificates with your application.

To check the equivalency of an electrical qualification, please telephone the NICEIC Sales Team on 0870 013 0458. The Scottish Qualification Authority Tailored Award in Design and Verification of Electrical Installations may be offered in lieu of the 17th Edition and Inspect and Initial Verification qualifications.

6 Declaration

Following registration of this application, we will write to you proposing a date for the application assessment visit. Note that this date will normally be six weeks from receipt of your application. If you are willing to accept an earlier appointment, please indicate below:

I am willing to accept an appointment with less than six weeks' notice

Yes ☐

No ☐

On behalf of the above business, I have read and agree to comply with the requirements for enrolment set out in the NICEIC Rules Relating to Enrolment*. I understand the application fee is not refundable, and that a separate application is required if I wish for electrical work in hazardous areas to be included in the scope of the enrolment.

Name:

Signature:

Date:

* NICEIC will make available to other competent person schemes and other interested parties (e.g. LABC and relevant Government Departments) the names of former members whose membership has been terminated by the scheme and the reason for termination. This applies where the reasons for termination of membership relate to non-compliance with the Building Regulations or a breach of scheme rules. The names of such former members shall remain available for a period of at least two years.

7 Payment

Please refer to the fee sheet

I wish to pay the application fee by cheque

I enclose a cheque made payable to NICEIC for

£

Cheque No.

Alternative payment methods available:

For BACS payments Sort Code 40-01-08, Account Number 41370340.

To pay by debit or credit card please call 0870 013 0458

Please return this form to NICEIC at the address overleaf.

Data Protection Act 1998 This information is collected, processed and stored to adhere with the UK Data Protection Act 1998. Information will be held and used by NICEIC 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

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