

## TRANSFER OF CPCS COMPETENT OPERATOR CARD TO SOLAS CSCS EXPERIENCED OPERATOR CARD

To be completed by the applicant and supported by an independent declaration. Please complete this form in BLOCK CAPITALS using a BLACK or BLUE ball point pen. Please ensure the form is completed correctly to prevent it being returned.

### SECTION A Applicant Details

**A1** Title

Surname

Forename

Home Address

Telephone Number

E-mail

Postcode

**ATTACH PASSPORT PHOTO HERE**

National Insurance No. or Irish PPS No.

Date of Birth --  
D D M M Y Y Y Y

**A2** I confirm that the information above is correct to the best of my knowledge.  
 I accept that this information will be held and used by SOLAS in line with relevant data protection legislation.  
 In signing this form I agree to comply with SOLAS CSCS Operations procedure and policy.

Applicant signature

Date --  
D D M M Y Y Y Y

### SECTION B Eligibility Requirements

- B1** Tick to confirm that a current CPCS Competent Operator card is held in the relevant categories\*
- B2** Tick to confirm that the relevant SVQ or NVQ held or scheme rules met in the relevant categories at the time of entry\*
- B3** Tick to confirm that a current in date SOLAS Safe Pass registration card is held\*

### SECTION C CSCS Category (ies) available

- |   |  |
|---|--|
| <input type="checkbox"/> Crawler Crane      | <input type="checkbox"/> Slinger/Signaller         |
| <input type="checkbox"/> Tower Crane        | <input type="checkbox"/> Articulated Dumper        |
| <input type="checkbox"/> Site Dumper        | <input type="checkbox"/> Mini Digger               |
| <input type="checkbox"/> Excavator 180°     | <input type="checkbox"/> Excavator 360°            |
| <input type="checkbox"/> Telescopic Handler | <input type="checkbox"/> Mobile Crane              |
| <input type="checkbox"/> Tractor/Dozer      | <input type="checkbox"/> Self-erecting Tower Crane |

\*A copy of the front and back of your CPCS Competent Operator card and your SOLAS Safe Pass registration card must be enclosed with your application.

### SECTION D Mailing Address

Please enter below where you would like the card to be sent: Applicant as in Section A1  Other (as below)

Company name (if applicable)

Address:

Postcode

### SECTION E CITB Independent Declaration

I confirm that the applicant details above correspond with the information held by CITB and the applicant has met all of the requirements for entry to CPCS including certification. The applicant is eligible to apply for the category(ies) requested.

Job role

Surname

Forename

Signature

Date --  
D D M M Y Y Y Y

### SECTION F Payment

Payment for this card application is €25. All cheques should be made payable to SOLAS.



## TRANSFER OF CPCS COMPETENT OPERATOR CARD TO SOLAS CSCS EXPERIENCED OPERATOR CARD

This application form is appropriate for individuals holding a CPCS Competent Operator card who wish to transfer into the SOLAS CSCS Experienced Plant Operator Card.

### SECTION G Terms and Conditions of CPCS Application

1. This form is only valid when Section E is signed by an approved verifying CITB signatory.
2. It is the responsibility of CITB to ensure that all SOLAS requirements for the application are adhered to, including:
  - a) the applicant's stated details are correct and the photograph in Section A is a true likeness of the applicant,
  - b) the applicant holds the corresponding categories on a current CPCS Competent Operator card as detailed in Section I.
3. Application forms are subject to audit checks in accordance with SOLAS requirements. Application forms, which are incorrect or not found to meet the requirements, will be returned rejected.

### SECTION H Completion Requirements

**Section A:** The applicant must complete Section A, even if this form is being submitted with other paperwork, with full details, and attach a photograph that meets passport requirements, with a light background.

**Section B:** Confirm that held, and attach relevant documentation.

**Section C:** An approved CITB representative must complete this section. Cross through categories not applicable.

**Section D:** The applicant must complete Section D, it must be noted that if a mailing address is not provided the card will be sent to the applicant's home address as provided in Section A1.

**Section E:** This section requires an independent declaration of the applicant's identity and CPCS entry requirements by an approved CITB representative.

**Section F: Payment of €25 must be included with this application. All cheques should be made payable to SOLAS.**

**General:** Please return the completed form with a photograph, payment and a copy of the front and back of your CPCS Competent Operator card and your SOLAS Safe Pass registration to:  
**CPCS, PO BOX 320, Bircham Newton, Kings Lynn, Norfolk PE31 6WD**

Applications that have been authorised by CITB and also have Section B completed should be sent to:  
**SOLAS, 27/33 Upper Baggot Street, Dublin 4**

If you require help completing this form please contact CPCS on **0844 815 7274**.

### SECTION I Category Transfer Details

CPCS Description	Equivalent SOLAS Category
A02B Crawler Crane - All sizes	Crawler Crane
A04A Tower Crane - Trolley jib	Tower Crane
A09A Forward Tipping Dumper - Wheeled	Site Dumper
A12 Excavator 180° above 5 tonnes	180° Excavator
A17C Telescopic Handler - All sizes exc. 360° Slew	Telescopic Handler
A34 Crawler - Tractor/Dozer	Tractor/Dozer
A40A Slinger/Signaller - All types - All duties	Slinger/Signaller
A40B Slinger/Signaller - All types - Static duties	
A56B Dump Truck - Articulated Chassis - All sizes	Articulated Dumper
A58A Excavator 360 below 10 tonnes - Tracked	Mini Digger
A59A Excavator 360° above 10 tonnes - Tracked	360° Excavator
A60A Mobile Crane - Blocked Duties only	Mobile Crane
A63A Pedestrian Operated Tower Crane Up to 36m - 100m/te	Self-Erecting Tower Crane