

Membership Application form

Including Scheme Certification/Registration



This application form is for companies wishing to receive certification of competence and approval under Microgeneration Certification Scheme (MCS) and the Competent Person Scheme (CPS). This form should not be used for amendments to details, once access is granted this can be completed via the NAPIT Online Portal.

Please Note: Your assessment cannot be arranged until the requested payment, documents, and application form have been received and processed and MCS scheme approval checks passed.

Please fill out this application form in CAPITAL LETTERS and return with all required supporting documents then email to: applications@napit.org.uk or post to NAPIT Applications Team, 4th Floor Mill 3, Pleasley Vale Company Park, Mansfield, Nottinghamshire NG19 8RL.

If you have any problems filling in this form, please contact our Registrations Advisors who will be happy to assist, on 0345 543 0330.

For extensions to scope, the fields of this form only need to be completed if the details on your current membership record have changed.

<input type="checkbox"/> New Membership Application	<input type="checkbox"/> Extension to Existing Schemes or Scope
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1. MCS Technologies

Please tick the scope of MCS and CPS certification being applied for:

Solar Heating (MCS024 & MIS3001)	<input type="checkbox"/>	Solar PV (MCS032 & MIS3002)	<input type="checkbox"/>
Battery Storage: Limited Scope (includes Class 1-3) (MCS032 & MIS3012)	<input type="checkbox"/>	Battery Storage: Full Scope (Includes class 1-4) (MCS032 & MIS3012)	<input type="checkbox"/>
Air Source Heat Pumps (including high temperature and CO2): Design (MCS031 & MIS3005-D)	<input type="checkbox"/>	Air Source Heat Pump (including high temperature and CO2): Installation (MCS031 & MIS3005-I)	<input type="checkbox"/>
Ground/Water Source Heat Pumps: Design (MCS031 & MIS3005-D)	<input type="checkbox"/>	Ground/Water Source Heat Pumps: Installation (MCS031 & MIS3005-I)	<input type="checkbox"/>
Solar Assisted Heat Pumps: Design (MCS031 & MIS3005-D)	<input type="checkbox"/>	Solar Assisted Heat Pumps: Installation (MCS031 & MIS3005-I)	<input type="checkbox"/>
Exhaust Air Heat Pumps: Design (MCS031 & MIS3005-D)	<input type="checkbox"/>	Exhaust Air Heat Pumps: Installation (MCS031 & MIS3005-I)	<input type="checkbox"/>
Gas Absorption & Adsorption Heat Pumps: Design (MCS031 & MIS3005-D)	<input type="checkbox"/>	Gas Absorption & Adsorption Heat Pumps: Installation (MCS031 & MIS3005-I)	<input type="checkbox"/>
Domestic Hot Water Heat Pumps: Design (MCS031 & MIS3005-D)	<input type="checkbox"/>	Domestic Hot Water Heat Pumps: Installation (MCS031 & MIS3005-I)	<input type="checkbox"/>
Small Wind Turbines (MCS033 & MIS3003)	<input type="checkbox"/>	Biomass (MCS034 & MIS3004)	<input type="checkbox"/>

2. Additional Schemes

TrustMark – A government endorsed quality scheme for domestic installation work only, which requires compliance with TrustMark Framework Operating Requirements and Code of Conduct. TrustMark membership is required for access to some funding schemes.	<input type="checkbox"/>
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3. Company Details

Sole Trader	<input type="checkbox"/>	Limited Partnership	<input type="checkbox"/>	Public Limited Company	<input type="checkbox"/>	Limited Company	<input type="checkbox"/>
Other	<input type="text"/>						
Company Registration No. (if applicable)	<input type="text"/>						
Company Registered Name	<input type="text"/>						
Company Trading Name (if different)	<input type="text"/>						
Company Registered Address	<input type="text"/>						
						Postcode	<input type="text"/>
Company Tel No.	<input type="text"/>						
Company Email Address	<input type="text"/>						
Website	<input type="text"/>						
Please tick here if you also operate from other trading addresses (you will then be contacted for further details)							<input type="checkbox"/>

4. Main Contact

Title	<input type="text"/>	First Name(s)	<input type="text"/>	Surname	<input type="text"/>
Job Title	<input type="text"/>		Direct Email Address	<input type="text"/>	
Direct Tel No.	<input type="text"/>		Mobile Tel No.	<input type="text"/>	

5. Geographical Coverage

Please indicate the regions where you are active/installing within:

All of UK	<input type="checkbox"/>	East of England	<input type="checkbox"/>	East Midlands	<input type="checkbox"/>	London	<input type="checkbox"/>
North East	<input type="checkbox"/>	Northern Ireland	<input type="checkbox"/>	North West	<input type="checkbox"/>	Scotland	<input type="checkbox"/>
South East	<input type="checkbox"/>	South West	<input type="checkbox"/>	Wales	<input type="checkbox"/>	West Midlands	<input type="checkbox"/>
Yorkshire Humberside	<input type="checkbox"/>						

Does the geographical coverage identified above apply to all technologies under this application? YES/NO (If no, further information may be required)	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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6. Insurance

When submitting the application please provide copies of all applicable insurance policies which must be in the name of the applicant company.

Public liability insurance provider	<input type="text"/>	Cover (£)	<input type="text"/>
Policy Number	<input type="text"/>	Policy expiry date	<input type="text"/>
Professional indemnity insurance provider	<input type="text"/>	Cover (£)	<input type="text"/>
Policy number	<input type="text"/>	Policy expiry date	<input type="text"/>
Employer's liability insurance provider	<input type="text"/>	Cover (£)	<input type="text"/>
Policy number	<input type="text"/>	Policy expiry date	<input type="text"/>

Please tick to confirm in addition to the above that the Company holds any other necessary insurance for the nature and scale of the applied for activities

Please tick if you do not have insurance in place and would like to be contacted by the NAPIT Insurance Team who can provide this

7. Details of Company Ownership, Control and Management Structure

Is the applicant company owned by or part of a group of companies? YES/NO		If yes, provide the name and details of the ownership and group name	
Holding Company Registration No. (if applicable)			
Ultimate holding Company Registration No. (if applicable)			
Please tick here if there are any other companies within your company group structure, so that an additional form can be provided to supply us with the necessary information			<input type="checkbox"/>
List of ALL Company Owners/Directors/Persons of Significant Influence/Top Share Holders			
Name		Job Title	
Name		Job Title	
Name		Job Title	
Name		Job Title	
Name		Job Title	
Name		Job Title	
Name		Job Title	
Name		Job Title	
Tick to confirm that if non-limited company or sole trader please confirm there are other shareholders, directors or external stakeholders and that owner(s) listed above have full control over all decision making, finances and daily operations			<input type="checkbox"/>

8. Employees and Sub-Contracting

Number of employees (individuals directly employed and involved in the delivery of MCS certified installation, inclusive of operational, sales, admin, designers and installers, it should exclude subcontractors)			
1-9 employees		10-49 employees	
50-249 employees		250 employees or more	

8a. Subcontractors

Does your company use subcontractors to undertake administrative functions in relation to your MCS activities (e.g updating quality management systems, raising MCS certificates, sales activities)	<input type="checkbox"/>	<input type="checkbox"/>			
Does your company use or intend to use subcontractors to undertake design and installation work?	<input type="checkbox"/>	<input type="checkbox"/>			
Please detail how many subcontractors the company currently and or intends to utilise for design and installation work in each scope applied below:					
	Current	Intended		Current	Intended
Solar Heating			Solar PV		
Battery Storage: Limited Scope			Battery Storage: Full Scope		
Air Source Heat Pumps			Ground Source Heat Pumps		
Exhaust Air Heat Pumps			Gas or Heat Adsorption Pumps		
Domestic Hot Water Heat Pumps			Small Wind Turbines		
Biomass					

9. Previous/Current Certification or Legacy Issue

When answering the following questions, please consider whether the applicant company, any of its current or previous owners, directors, partners, shareholders, employees, close associates, persons of significant control or close family members - or any company they have been involved with - meet the criteria described. For non-limited companies, this includes the individual(s) named above. Failure to declare all information may result in rejected application.

In relation to the certification/registration of MCS, PAS2030, CPS, TrustMark or Flexi-Orb, please answer the following questions:		YES	NO
Does the applicant company or any of the associate persons/companies hold or has previously held any other certification/registration with NAPIT or another body for MCS, PAS2023, CPS or Flexi-Orb?			
If yes, please provide the current or previous certification/registration body name and membership number			
Are you wanting to transfer a current MCS certification from another certification body to NAPIT?			
If you are transferring from another certification/registration body, please state their name and your membership number:			
Please provide the date period(s) for any other current or previously held certification/registration			
Has the applicant company or any of the associated persons/companies ever had any certification/registration withdrawn or suspended?			
If yes, please provide the names of the certification/registration body, the membership number and the date the sanction was imposed:			
Has the applicant company or any of the associated persons/companies ever made an unsuccessful application for certification/registration?			
If yes, please provide the name of the certification/registration body, the previous application number and the date of rejection:			
Do you have any open non-conformities, improvement actions or open complaints or compliance cases?			
If yes, please provide full details along with what action is being currently taken to resolve these:			

	YES	NO
Is there any open or pending legal action against the applicant company or any of the associated persons/companies relating to the activities applied for?		
In the past 5 years, has the applicant company or any of the associated persons/companies:		
Been the subject of the appointment of a receiver, liquidation or administrator?		
Been the subject of an arrangement with creditors, or of a resolution for winding up?		
Been insolvent (including bankruptcy)?		
Been struck off, liquidated or dissolved?		
Received any court judgement(s)?		
If the answer to any of the above questions regarding the last 5 years is 'YES', please provide details below or attach further information		

11. Public Registers

Your company and main contact details, scheme membership number and the status of your membership will be automatically made public following certification. Members are listed on www.napit.org.uk and details will be shared with relevant Scheme Administrators such as MCS and other parties as described in the relevant NAPIT Scheme Rules.*

12. Declaration by a Person of Significant Influence

(This should be a Director, Partner or Owner of the Company)

I confirm that I am either a Director, Partner, or Owner of the Company, or an individual authorised to act on their behalf for the purposes of applying for initial certification/registration or subsequent amendments.

I declare that the information provided in this application is accurate and complete. Where applicable, I consent to the disclosure of details relating to any individuals named in this form, or in any supplementary forms, for the purposes of processing and maintaining any membership arising from this application. This includes sharing information with MCS and any other scheme provider that you are required to join via NAPIT

I agree to notify NAPIT in writing of any changes to the information supplied.

By signing this declaration, I authorise NAPIT and MCS to conduct credit checks throughout the term of membership on the company and any named individuals as required by the NAPIT Scheme Rules* and the MCS Installer Operating Requirements*. I also authorise MCS to use the information provided to NAPIT to fulfil their scheme obligations under the MCS Installer Operating Requirements*.

I confirm that I have read, understood, and agree on behalf of the company and individuals named in this application to comply with the relevant NAPIT Scheme Rules*, MCS requirements, and all associated documents referenced therein.

I acknowledge that further information may be requested to complete the application process.

Name		Job Title	
Signature		Date	

10. Membership Pricing

1 Technology		2 Technologies		3 Technologies		4 Technologies		5 Technologies		MCS Listing Fee: £55.00 +VAT	
From £775.00 +VAT		From £1045.00 +VAT		From £1395.00 +VAT		From £1795.00 +VAT		From £2195.00 +VAT		Required	
Tick Here		Tick Here		Tick Here		Tick Here		Tick Here		Minimum Deposit required: £130.00 +VAT	
Tick Here		Tick Here		Tick Here		Tick Here		Tick Here		Required	

Important Notes

- The forms indicate that the estimated assessments are based on assumptions that all items applied for can be assessed on the arranged visit. Where that is not possible additional fees could arise, but this should be identified before the assessment goes ahead.
- The initial payment only relates to the application, and initial assessment, for certification/registration. Other fees will apply for other activities (for example reassessment, renewal, work notification, cancelled assessments).
- Pricing is based on an assumption that competence can be assessed in a single visit. Where this is not possible additional fees could arise, but this should be identified before the assessment goes ahead.
- For NAPIT Scheme Rules and Terms and Conditions please visit www.napit.org.uk