

# Membership Application form

## Including Scheme Certification/Registration



**IMPORTANT: IF YOU ARE ONLY SEEKING TO APPLY FOR ELECTRICAL WORK USE THE "APPLICATION FORM FOR ELECTRICAL WORK ONLY".**

This application form is for companies wishing to receive certification of competence and approval under one or more of the following schemes: NAPIT Membership (in all cases), Competent Person Scheme (CPS), Electrotechnical Assessment Specification Certification (EAS), Electrical Third Party Certification (TPC), Microgeneration Certification Scheme (MCS), Energy Efficiency Scheme (EEM), and TrustMark (TM). This main form should be accompanied by supplementary forms where indicated. There is a separate form for Associate Membership, Corporate Membership, Electrical Duty Holder Membership and Student Membership. This form should not be used for extensions to scope or amendments to details (please use the appropriate form for each of these).

**Please Note:** Your assessment cannot be arranged until the requested payment, documents and application form have been received and processed. Please fill out this application form in CAPITAL LETTERS using black ink and return with all required supporting documents then email to: applications@napit.org.uk or post to NAPIT Administration Centre, 4th Floor Mill 3, Pleasley Vale Business 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

1. Company Details			
Sole Trader	<input type="checkbox"/>	Partnership	<input type="checkbox"/>
Limited Company	<input type="checkbox"/>	Company Registration No	<input type="text"/>
Other	<input type="text"/>		
Company registered name	<input type="text"/>		Company trading name
Building number or name	<input type="text"/>		Street
District	<input type="text"/>		Town
County	<input type="text"/>		Postcode
Business telephone number	<input type="text"/>		Fax Number
Enquiry email address	<input type="text"/>		Website address
Please tick here if you operate from multiple offices or have over 10 operatives/subcontractors carrying out work applied for (we will then contact you for further details and standard pricing may not apply) <input type="checkbox"/>			

Details given above must be those which you wish to be made public on the relevant registers as detailed in section 8

2. Nominated Representative Details (Primary contact)			
(if you need to have separate contacts for different purposes please let us know on a separate sheet)			
Title (Mr/Mrs/Miss/Ms/Other)	<input type="text"/>		Position
Surname	<input type="text"/>		Forename(s)
Telephone number (if different)	<input type="text"/>		Mobile phone number
Email address	<input type="text"/>		

3. Nominated Technical Person (To be completed by Microgeneration applicants only)			
The Nominated Representative above can also be the Nominated Technical Person providing they are technically competent. Tick box if this applies, other wise provide additional details below. <input type="checkbox"/>			
Surname	<input type="text"/>		Forename(s)
Telephone number (if different)	<input type="text"/>		Mobile phone number
Email address	<input type="text"/>		

4. Scope of Application			
Please indicate below the nature of work that you undertake, or membership sought. Then <b>complete and attach the supplementary form(s)</b> indicated in the table below, where you will be asked to indicate the schemes under which you wish to carry out this work			
Area of Work / Membership Category	Tick	Supplementary Form(s)*	Schemes Available (more information on supplementary forms Abbreviations are as per the statement at the top of this form.)
Electrical work (excluding Jersey)	<input type="checkbox"/>	FORM E	CPS, EAS, TPC, GDI, EEM, TM
Microgeneration work	<input type="checkbox"/>	FORM M	MCS, EEM, CPS, GDI, TM
Heating work	<input type="checkbox"/>	FORM H	CPS, EEM, GDI, TM
Ventilation & air conditioning work	<input type="checkbox"/>	FORM V	CPS, EEM, GDI, TM
Plumbing work	<input type="checkbox"/>	FORM P	CPS, EEM, GDI, TM
Building fabric work	<input type="checkbox"/>	FORM B	CPS, EEM, GDI, TM

## 5. Insurance

Public Liability Insurance			
Insurance company		Policy number	
Cover (£)		Policy expiry date	
Professional Indemnity Insurance (Where relevant)			
Insurance company		Policy number	
Cover (£)		Policy expiry date	
If you do not have insurance in place we do have our own insurance team, please tick here to request a call back <input type="checkbox"/>			

## 6. Previous/other certification or legacy issues

If you have been a member of NAPIT before please provide your membership number:			
If you are transferring from another certification/ registration body please state their name:			
In relation to the scope of certification/ registration/membership applied for please answer the following questions	YES	NO	
Are you currently a member of another certification/ registration body or these activities			
Have you ever had certification/ registration withdrawn or suspended?			
Have you ever made an unsuccessful application or certification/ registration			
Do you have any open non-conformities, improvement actions or open complaints?			
Is there any open or pending legal action against the company relating to the activities applied for?			
If the answer to any of the above items is "YES" please provide details below or attach further information			

## 7. Geographical Coverage (please indicate the regions where you are active)

England	<input type="checkbox"/>	Wales	<input type="checkbox"/>	Scotland	<input type="checkbox"/>	N.Ireland	<input type="checkbox"/>	Other (e.g. IoM, Jersey etc)	<input type="checkbox"/>
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## 8. Public Registers

Your company name, scheme membership number, and the status of your membership will be automatically made public. Successful applicants will be listed on [www.napit.org.uk](http://www.napit.org.uk) and details will be shared with relevant Scheme Administrators and other parties as described in the relevant **NAPIT Scheme Rules**.\*

## 9. Declaration by an Authorised Representative of the Company (this MUST be a Director, Partner or Owner of the Company)

I confirm that the information provided in this application is correct and where applicable, I consent to share the details of any individuals named on this form or any supplementary form for the purposes of processing and maintaining any membership that may arise from this application. Any changes will be notified to NAPIT in writing.

The company confirms that any outstanding non-compliances or remediation actions from previous certification have been disclosed and will be resolved prior NAPIT granting certification, and acknowledges that failure to do so may result in sanctions.

By signing this agreement, you authorise NAPIT to carry out credit checks on you and your business throughout the term of your membership, as required by the NAPIT Scheme rules.\*

I have read, understood and agree on behalf of the company named in this application to abide by the relevant NAPIT Scheme Rules\* and all documents referred to therein. I understand that I may be asked to provide further information in order to progress with this application

Name		Position	
Signature		Date	

## 10. Promotional Code

A promotional code may be applied to this application only if provided by NAPIT or its supporting partners under applicable circumstances e.g. exhibitions/trade events, campaigns, promotional offers etc. Terms and conditions\* may apply.

11. Payment	Tick
Payment already arranged via NAPIT Registration Team	<input type="checkbox"/>
Request a call back by our Registration Team to discuss payment options (Card, BACS, Direct Debit)	<input type="checkbox"/>

- Important Notes:**
- The supplementary 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 experienced worker route assessment, reassessment, renewal, work notification, cancelled assessments).
  - If the operative information provided indicates the need for an Experienced Worker Route (EWR) assessment, NAPIT will contact you to discuss the process and fees involved. This is available for heating, ventilation air conditioning and plumbing operatives.
  - MCS applicants should note that they must join a CTSI Approved Consumer Code Scheme which is not done via NAPIT and incurs additional charges from the Approved Consumer Code Scheme.

\*5. For NAPIT scheme rules and Terms and Conditions please visit [www.napit.org.uk](http://www.napit.org.uk)