

Membership Application form

Portable/Fixed Appliance Testing



This application form is for companies wishing to receive certification of competence and approval under the following scheme: NAPIT Membership (in all cases) Portable Appliance Testing (PAT), Fixed Appliance Testing (FAT). This form should not be used for extensions to scope or amendments to details (please use the appropriate form for each of these).

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	<input type="text"/>		
Building number or name	<input type="text"/>		
Street	<input type="text"/>		
District	<input type="text"/>		
Town	<input type="text"/>		
County	<input type="text"/>	Postcode	<input type="text"/>
Business telephone number	<input type="text"/>	Fax number (if available)	<input type="text"/>
Enquiry email address	<input type="text"/>		
Website address	<input type="text"/>		
Please indicate here how many operatives you wish to register as competent. If more than one, copy the back sheet of this form as needed.			

Details given must be that which you wish to be made public onto the relevant registers as detailed in section 7.

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	<input type="text"/>
Surname	<input type="text"/>		
Forename(s)	<input type="text"/>		
Telephone number (if different)	<input type="text"/>	Mobile phone number	<input type="text"/>
Email address	<input type="text"/>		

3. Scope of Application

Please indicate below the nature of the scheme you wish to join.

Scheme	Tick	Price (including VAT)
Portable Appliance Testing (PAT) <i>For more than 5 operatives please call NAPIT on 0345 543 0330</i>		£474.00 (Includes up to 5 operatives) This also includes £156.00 non-refundable application fee
Portable Appliance Testing and Fixed Appliance Testing (PAT/FAT) <i>For more than 3 operatives please call NAPIT on 0345 543 0330</i>		£474.00 (Includes up to 3 operatives) This also includes £156.00 non-refundable application fee
TrustMark membership listed as an "PAT or FAT" on the TrustMark website		£138.00
Total		£

Prices quoted are inclusive of VAT

4. 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 or would like to speak with our specialist NAPIT Insurance Team please tick here to request a quote and call back <input type="checkbox"/>			

5. 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 membership applied for please answer the following questions:	YES	NO	
Are you currently a member of another certification/registration body for these activities?			
Have you ever had certification/registration withdrawn or suspended?			
Have you ever made an unsuccessful application for membership?			
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:			

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

England		Wales		Scotland		N.Ireland		Other (e.g. IoM, Jersey etc)	
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7. 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 and details will be shared with relevant scheme administrators and other parties as described in the relevant **NAPIT Scheme Rules***.

8. Declaration by an Authorised Representative of the Company (this should 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.

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	

Important Notes

1. 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.
2. The prices on this form only relate to the application, and initial assessment, for certification/registration. Other fees will apply for other activities (for example reassessment, renewal, work notification, cancelled assessments) which can be found on the NAPIT website at www.napit.org.uk
- *3. For NAPIT Scheme Rules and Terms and Conditions please visit www.napit.org.uk

Operative Details

(Refer to the document "NAPIT Registration Guide to Qualifications Requirements – Electrical. If you hold a qualification not listed in the Guide that you think is satisfactory please contact NAPIT for it to be considered.) If you have more than five operatives please photocopy this form.

Operative 1

A. Personal details (these will be held in accordance with the Data Protection Act)			
Title (Mr/Mrs/Miss/Ms/Other)		National Insurance No.	
Surname		Date of birth	
Forename(s)			

B. Details of qualifications held (please refer to the Qualifications Guide)			
Area of competence	Guide List	NAPIT Code	Date Gained
Portable appliance testing	10		
Wiring Regulations knowledge competence (required for testing fixed appliances only)	7		

Operative 2

A. Personal details (these will be held in accordance with the Data Protection Act)			
Title (Mr/Mrs/Miss/Ms/Other)		National Insurance No.	
Surname		Date of birth	
Forename(s)			

B. Details of qualifications held (please refer to the Qualifications Guide)			
Area of competence	Guide List	NAPIT Code	Date Gained
Portable appliance testing	10		
Wiring Regulations knowledge competence (required for testing fixed appliances only)	7		

Operative 3

A. Personal details (these will be held in accordance with the Data Protection Act)			
Title (Mr/Mrs/Miss/Ms/Other)		National Insurance No.	
Surname		Date of birth	
Forename(s)			

B. Details of qualifications held (please refer to the Qualifications Guide)			
Area of competence	Guide List	NAPIT Code	Date Gained
Portable appliance testing	10		
Wiring Regulations knowledge competence (required for testing fixed appliances only)	7		

Operative 4

A. Personal details (these will be held in accordance with the Data Protection Act)			
Title (Mr/Mrs/Miss/Ms/Other)		National Insurance No.	
Surname		Date of birth	
Forename(s)			

B. Details of qualifications held (please refer to the Qualifications Guide)			
Area of competence	Guide List	NAPIT Code	Date Gained
Portable appliance testing (if registration sought for this)	10		
Wiring Regulations knowledge competence (required for testing fixed appliances only)	7		

Operative 5

A. Personal details (these will be held in accordance with the Data Protection Act)			
Title (Mr/Mrs/Miss/Ms/Other)		National Insurance No.	
Surname		Date of birth	
Forename(s)			

B. Details of qualifications held (please refer to the Qualifications Guide)			
Area of competence	Guide List	NAPIT Code	Date Gained
Portable appliance testing (if registration sought for this)	10		
Wiring Regulations knowledge competence (required for testing fixed appliances only)	7		

For all operatives listed above please enclose:

1. Copies of all qualifications/certificates indicated above.
2. Email us a clear head and shoulders image from any device or send us two copies of a head and shoulders photograph with the name of the individual clearly written on the back.