Membership Application form Electrical Only



**IMPORTANT: IF THE SCOPE YOU SEEK INCLUDES OTHER TRADES (ENERGY EFFICIENCY, MICROGENERATION, HEATING, VENTILATION & AIR CONDITIONING, PLUMBING OR BUILDING FABRIC) PLEASE USE THE "APPLICATION FORM FOR CERTIFICATION AND/OR MEMBERSHIP".** This application form is for companies wishing to receive certification of competence and approval under the following schemes: NAPIT Membership (in all cases), Competent Person Scheme (CPS), Electrotechnical Assessment Specification Certification (EAS) Electrical Third Party Certification (TPC), and TrustMark (TM). 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). If electrical work is limited to only PAT testing or only Temporary Electrical Installations there are stand alone application forms which should be used.

Please Note: Your assessment cannot be arranged until the requested documents and application form have been received.

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	Par	tnership	Li	mited Company		Company Registra	ation No.		
Other									
Company registered name									
	Com	pany tra	ding name						
	Buildir	ig numbe	er or name						
	Stree	I.							
	Distric	I.							
	Towr								
	County	,					Postcode		
	Business	telephor	ne numbe				Fax number (if available)		
Enquiry email address									
Website address			;						
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.						nore than one, copy the back sheet			

Details given above must be that which you wish to be made public onto 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)		Position				
Surname						
Forename(s)						
Telephone number (if different)		Mobile phone number				
Email address						

Domestic electrical installation work under Part P of the Building Regulations (England & Wales)   If this is defined scope electrical work for another trade indicate which trade here:   Domestic electrical installation work to BS 7671 outside England & Wales (EAS certificated)   Non-domestic electrical installation work to BS 7671 (EAS certificated)   Temporary Electrical Installations to BS 7909   Electrical Inspector Scheme - Electrical Installation Condition Reporting (EICR work)   Please indicate which areas of EICR work you carry out:   Domestic Portable Appliance Testing (PAT)   Electric vehicle charge point installations to BS 5839-6   Initial Deposit (Non-refundable Deposit)   Remaining Balance   Please indicate additional membership requirements   Tick   Phices and certification of domestic electrical work under the Building Regulations (England)   Please note: Third Party membership requires both public liability and professional indemnity insurance.   TrustMark membership listed as an "Electrician" on the TrustMark website   ANPIT FastTest					
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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? NO 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?	Insurance company Cover (£) Professional Indemnity Insurance - Minimum £250,00 Insurance company Cover (£) If you do not have insurance in place or would like to sp a quote and call back		Policy expiry date Policy number Policy expiry date	ease tick here	to request
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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?s there any open or pending legal action against the company relating to the activities applied for?	Insurance company         Cover (£)         Professional Indemnity Insurance - Minimum £250,00         Insurance company         Cover (£)         f you do not have insurance in place or would like to sp a quote and call back         6. Previous/other certification or legacy issues         f you have been a member of NAPIT before please prov	eak with c	Policy expiry date Policy number Policy expiry date Policy expiry date Policy expiry date Pour specialist NAPIT Insurance Team ple membership number:	ease tick here	to request
Have you ever made an unsuccessful application for membership?Do you have any open non-conformities, improvement actions or open complaints?s there any open or pending legal action against the company relating to the activities applied for?	Insurance company         Cover (£)         Professional Indemnity Insurance - Minimum £250,00         Insurance company         Cover (£)         f you do not have insurance in place or would like to space aquote and call back         S. Previous/other certification or legacy issues         f you have been a member of NAPIT before please prove         f you are transferring from another certification/registre	eak with c ride your r ation body	Policy expiry date Policy number Policy expiry date Policy expiry date Policy expiry date Pour specialist NAPIT Insurance Team ple membership number: y please state their name:		
Do you have any open non-conformities, improvement actions or open complaints? s there any open or pending legal action against the company relating to the activities applied for?	Insurance company         Cover (£)         Professional Indemnity Insurance - Minimum £250,00         Insurance company         Cover (£)         f you do not have insurance in place or would like to span quote and call back         S. Previous/other certification or legacy issues         f you have been a member of NAPIT before please provide the scope of membership applied for please	eak with c ride your r ation body se answer	Policy expiry date Policy number Policy expiry date Policy expiry date Policy expiry date Policy expiry date Pour specialist NAPIT Insurance Team ple membership number: y please state their name: the following questions:		
s there any open or pending legal action against the company relating to the activities applied for?	Insurance company         Cover (£)         Professional Indemnity Insurance - Minimum £250,00         Insurance company         Cover (£)         f you do not have insurance in place or would like to spaquote and call back         S. Previous/other certification or legacy issues         f you have been a member of NAPIT before please prover         f you are transferring from another certification/registres         n relation to the scope of membership applied for please         Are you currently a member of another certification/registres	eak with o vide your r ation body se answer gistration b	Policy expiry date         Policy number         Policy expiry date         policy		
	Insurance company         Cover (£)         Professional Indemnity Insurance - Minimum £250,00         Insurance company         Cover (£)         f you do not have insurance in place or would like to spage quote and call back         S. Previous/other certification or legacy issues         f you are transferring from another certification/registration         n relation to the scope of membership applied for please         Are you currently a member of another certification/registration	eak with c ride your r ation body se answer gistration I or suspen	Policy expiry date         Policy number         Policy expiry date         membership number:         y please state their name:         the following questions:         body for these activities?         ded?		
If the answer to any of the above items is "YES" please provide details below or attach further information:	Insurance company         Cover (£)         Professional Indemnity Insurance - Minimum £250,00         Insurance company         Cover (£)         f you do not have insurance in place or would like to space quote and call back         6. Previous/other certification or legacy issues         f you are transferring from another certification/registration         In relation to the scope of membership applied for please         Are you currently a member of another certification/registration         Have you ever had certification/registration withdrawn         Have you ever made an unsuccessful application for memory	eak with o vide your r ation body se answer gistration I or suspen mbership	Policy expiry date Policy number Policy number Policy expiry date Policy expire date Policy expire date Policy number Policy expire date Policy expire date Policy expire date Policy expire date Policy number Policy number Policy number Policy number Policy number Policy expire date Policy expire date Policy number Policy number Policy expire date Policy		
	Insurance company         Cover (£)         Professional Indemnity Insurance - Minimum £250,00         Insurance company         Cover (£)         If you do not have insurance in place or would like to sp a quote and call back         6. Previous/other certification or legacy issues         If you have been a member of NAPIT before please provide         If you are transferring from another certification/registra         In relation to the scope of membership applied for please         Are you currently a member of another certification/registra         Have you ever had certification/registration withdrawn         Have you ever made an unsuccessful application for me         Do you have any open non-conformities, improvement application	eak with o vide your r ation body se answer gistration l or suspen mbership actions or	Policy expiry date         Policy number         Policy expiry date         policy		
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	Insurance company         Cover (£)         Professional Indemnity Insurance - Minimum £250,00         Insurance company         Cover (£)         f you do not have insurance in place or would like to spa         a quote and call back         5. Previous/other certification or legacy issues         f you are transferring from another certification/registr         n relation to the scope of membership applied for please         Are you currently a member of another certification/registr         Have you ever had certification/registration withdrawn         Have you ever made an unsuccessful application for me         Do you have any open non-conformities, improvement is	eak with c ride your r ation body se answer gistration l or suspen mbership actions or mpany rel	Policy expiry date         Policy number         Policy expiry date         policy		

7. Geographical Cover	7. Geographical Coverage (please indicate the regions where you are active)							
England	Wales		Scotland	N	.Ireland	Other	(e.g. IoM, Jersey etc)	
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 <b>www.napit.org.uk</b> and details will be shared with relevant scheme administrators and other parties as described in the relevant <b>NAPIT Scheme Rules</b> *.								
9. Declaration by an A	uthorised R	epresentative o	<b>f the Company</b> (thi	is should be	a Director, Part	ner or Owner o	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							ication.	
	l and agree o	on behalf of the					NAPIT Scheme Rules* a gress with this application	
Name					Position			
Signature					Date			
10. Promotional Code								
A promotional code under applicable cir Conditions may app	cumstance				-			
11. Payment								
In order for a NAPIT application to proceed payment for the total fees as calculated in section 4 must either be paid in full by card or BACS. Alternatively a NAPIT interest free Direct Debit payment plan can be arranged with our NAPIT Registration Team by calling us on <b>0345 543</b> <b>0330</b> (option 1) or by requesting a call back by ticking below, Terms & Conditions* may apply. Once we receive your application, should your fees require recalculation you will be advised in advance of us processing your payment. For information about NAPIT's cancellation Terms & Conditions* please visit <b>www.napit.org.uk</b>							5 <b>43</b> your	
Payme	nt by card		ny credit/debit card accept American E		otal fees due inc	luding VAT:	£	
Cai	d number						^	
E	xpiry date				Start da	ate (if shown)		
Security code (3 digit	s on back)					lssue number		
Card hold As it appears o	er's Name n the card							
Card holder's	Signature					Date		
		l					I	Please tick
Payment already arranged via NAPIT Registration Team								

	Payment already arranged via NAPIT Registration Team		
	Request a call back by our Registration Team to discuss payment options (Card, BACS, Direct Debit)		
	(tick were applicable) I	Payment made via BACS (see bank details below, please reference your payment with your company name and postcode)	
		Account Name: NAPIT Registration Limited, S/C: 20-48-67, Account Number: 40696536	

## 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).
- 3. For NAPIT Scheme Rules and Terms and Conditions please visit www.napit.org.uk

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# **Operative Details**

(refer to the document "NAPIT Registration Guide to Qualifications Requirements - Electrical") If you have several operatives please photocopy this form. If you have over 10 please contact NAPIT on 0345 543 0330

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. Scope of electrical competence claimed (please select all that apply)									
Full Scope for All Electrical Work		Full Scope for Dwellings Only				Defined S	ed Scope in dwellings only		
Electrical Third Party Certification		EIS Work		Portable Appliance Testing			Fixed Appliance Testing		
Temporary Installations to BS 7909		Fire detection and alarm systems to BS 5839-6*							

\* 3. As a pre-requisite for registering with this Scheme, for the installation module, companies shall require registration with a Competent Person Scheme (CPS) for electrical installation work in dwellings (England & Wales) or equivalent for Scotland and Northern Ireland.

#### C. Applying as an existing or previous (last 2 years) registered competent person

(please be aware that NAPIT must validate existing / previous certification with the relevant certification body and if concerns over compliance are raised, the application process may be affected.)

If applying as an existing/previous registered competent person you do not need to complete sections D, E, F or G

Name of Registration Body				Date of last assessment			
Wiring Regulations Qualification (Code from Qualification Guide List 4)				Date qualification gained			
D. Applying with qualification	D. Applying with qualifications						
(please refer to the Qualificati	ns Guide ar	nd select ONE of the following to b	best describ	be your circumstances)			
1. Current level 3 NVQ Diploma		2. Current level 3 Certificate		3. Previous level 3 NVQ			
4. Older qualification**		5. Experienced worker					

\*\*will require evidence of continuing professional development (see Qualifications Guide)

### E. Details of qualifications held

(please refer to the Qualifications Guide (www.napit.org.uk/downloads/qualification-guides.aspx) and identify those which satisfy each of the following requirements, if you hold a qualification not listed in the Guide that you think is satisfactory please contact NAPIT for it to be considered)

Area of competence	Guide List	NAPIT Code	Date Gained
Main (core) electrical installation competence	1-3		
Wiring regulations knowledge competence (not required if core is from lists 1 or 2)	4		
Initial inspection and testing qualification (not required if included in lists 1, 2, 3, or 6)	5		
Periodic inspection and testing qualification (not required if included in lists 1, 2, 3 or 5)	6		
Portable appliance testing (if registration sought for this)	7		
Temporary electrical installations to BS 7909 (If registration is sought for this)	8		
Electric vehicle charge point installations to BS 7671 (If registration is sought for this)	9		
Fire detection and alarm systems to BS 5839-6 (If registration is sought for this)	10		

\* 3. As a pre-requisite for registering with this Scheme, for the installation module, companies shall require registration with a Competent Person Scheme (CPS) for electrical installation work in dwellings (England & Wales) or equivalent for Scotland and Northern Ireland.

F. Indicate how many years' experience you have in each area of electrical work						
Installation work on dwellings		Inspection and testing work				
Installation work on other buildings		Portable appliance testing work				
Fixed appliance testing work		Electric vehicle charge point				
Fire detection and alarm systems						
Other related electrical work (if so state the nature of the work)						

<ul> <li>G. Details of electrical competence history         (Applicants should have demonstrable evidence of 2 year's responsibility for the technical standard of Electrotechnical work)     </li> </ul>							
Date From	Date To	Employer / sole trading or training organisation	Role held				
				=			
				777			
Please enclose/email: 1. Copies of all qualifications/certificates indicated above (or evidence of previous registration for section C).							
<ol><li>Email us a clear head ar written on the back.</li></ol>	nd shoulders image fi	rom any device or send us two copies of a head and shoulders photograp	h with the name of the individual clearly	101 25			

#### Please enclose/email:

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.