

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).

IMPORTANT: IF THE SCOPE YOU ARE SEEKING CERTIFICATION FOR INCLUDES OTHER TRADES (ENERGY EFFICIENCY, MICROGENERATION UNDER MCS, HEATING, VENTILATION & AIR CONDITIONING, PLUMBING OR BUILDING FABRIC) PLEASE USE THE "APPLICATION FORM FOR CERTIFICATION AND/OR MEMBERSHIP". 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 or PAT/FAT testing, there is a stand-alone application form 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 <u>applications@napit.org.uk</u> 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. Com | pany | Detail | s | | | |
|-----------|------|--------|-------------|-----------------|--------------------------|--|
| Sole Trac | der | | Partnership | Limited Company | Company Registration No. | |
| Other | | | | | | |

| Company | registered name | | | | | |
|---|---------------------|---|---------------------------|-----------------|--|--|
| Compa | any trading name | | | | | |
| Building | number or name | | | | | |
| Street | | | | | | |
| District | | | | | | |
| Town | | | | | | |
| County | | | | Postcode | | |
| Business te | elephone number | | Fax number | (if available) | | |
| Enqu | iiry email address | | | | | |
| | Website address | | | | | |
| Please indicate here how of this form as needed. | many operatives | you wish to register as competent. | If more than one, copy | the back sheet | | |
| Details given above must be | e that which you wi | ish to be made public onto the relev | ant registers as detailed | d in section 8. | | |
| 2. Nominated Representative (if you need to have separate | | <i>Contact)</i> nt purposes, please let us know on a sep | parate sheet) | | | |
| | Title | | Position | | | |
| | Surname | | | | | |
| | Forename(s) | | | | | |
| Telephone num | ber (if different) | | Mobile phone number | | | |
| | Email address | | | • | | |
| 3. Scope of Electrical Applica | ation | | | | | |

ID 7679 V6 (10.24)

| Areas of Work | Tick | | | | | | | |
|---|---------|--|--|--|--|--|--|--|
| Domestic electrical installation work under Part P of the Building Regulations (England & Wales) (EAS certificated) | | | | | | | | |
| Non-domestic electrical installation work to BS 7671 (EAS certificated) | | | | | | | | |
| Electrical Inspector Scheme - Electrical Installation Condition Reporting (EICR work) | | | | | | | | |
| Please indicate which areas of EICR work you carry out: Domestic Industrial Commercial | | | | | | | | |
| Fixed Appliance Testing (FAT) & Portable AppliancePortable Appliance Testing (PAT)Testing (PAT) | | | | | | | | |
| The following NAPIT schemes require application for one of the above EAS areas of work | | | | | | | | |
| Electrical Energy Storage Systems to BS 7671 Please indicate which areas of work you carry out: Domestic Non-Domestic | | | | | | | | |
| Electric vehicle charge point installations to BS 7671 Please indicate which areas of work you carry out: Domestic Non-Domestic | | | | | | | | |
| 4. Electrical Membership Fee (Covering one or more of the above areas of work) | | | | | | | | |
| Initial Deposit (Non-refundable Deposit) | £156.00 | | | | | | | |
| Remaining Balance | £516.00 | | | | | | | |

| 5. Competent Person Scheme – Renewables* | |
|---|---------|
| (To enable self-certification of small-scale microgeneration and renewable technologies under Building Regulation only) | Tick |
| Solar Photovoltaic Installations under Building Regulations | |
| Initial Deposit | £156.00 |
| Remaining Balance | £744.00 |

*To notify new electrical circuits associated to the installation of renewable technologies, EAS membership is required. When CPSR and EAS are applied for and have a combined assessment, the application will be discounted.

| Please tick to indicate additional membership requirements | Tick | |
|---|---------|---------|
| Third party inspection and certification of domestic electrical work under the Building Regulations (England) Please note: Third Party membership requires both public liability and professional indemnity insurance. | | £84.00 |
| TrustMark membership (for the applicable scopes) | | £124.80 |
| NAPIT FastTest | | £156.00 |
| *All prices are inclusive of VAT Non-refundable E | eposit* | £ |
| Remaining bal | ance* | £ |

| 6. Insurance | | | | | |
|--|-------------------------------------|----------------------------------|-------|--------------------|-----------|
| Public Liability Insurance - Mir | nimum £2 million | | | | |
| Insurance company | | Policy num | nber | | |
| Cover (£) | | Policy expiry of | date | | |
| Professional Indemnity Insura | nce - Minimum £250,000 | | | | |
| Insurance company | | Policy num | nber | | |
| Cover (£) | | Policy expiry of | date | | |
| If you do not have insurance in p a quote and call back | place or would like to speak with o | our specialist NAPIT Insurance T | Team, | please tick here t | o request |
| 7. Previous/other certification or | legacy issues | | | | |
| If you have been a member of N | APIT before, please provide your | membership number: | | | |
| If you are transferring from anot | ther certification/registration bod | y, please state their name: | | | |
| In relation to the scope of mem | bership applied for please answe | the following questions: | | YES | NO |
| Are you currently a member of a | another certification/registration | body for these activities? | | | |
| Have you ever had certification/ | registration withdrawn or suspen | ded? | | | |

ID 7679 V6 (010.24)

| 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: | |

| 8. Geographical Cover | age (please i | ndicate the reg | ions where you are | active) | | | | |
|---|---|---|---|----------------------|---|------------------------------------|--|--------------------|
| England | Wales | | Scotland | | N. Ireland | Othe | er (e.g. IoM, Jersey etc.) | |
| 9. Public Registers | | | | | | | | |
| | will be liste | ed on www.n | apit.org.uk and de | | | - | omatically made public neme administrators a | |
| 10. Declaration by an | Authorised I | Representative | of the Company (th | nis shoul | d be a Director, Pa | irtner or Owne | er of the Company) | |
| on this form or any sup Any changes will be not | plementary ified to NAP nt, you auth | form for the pu IT in writing. orise NAPIT to | irposes of processin | ig and m | aintaining any me | mbership that | he details of any individua t may arise from this appl t the term of your memb | ication. |
| | | | | | | | t NAPIT Scheme Rules* ai ogress with this application | |
| Name | | | | | Position | | | |
| Signature | | | | | Date | | | |
| 11. Promotional Code | | | | | | | | |
| A promotional code under applicable circ Conditions may app | cumstances | - | | - | | | | |
| 12. Payment | | | | | | | | |
| Alternatively, a NAPIT in 0330 (option 1) or by re | nterest free questing a c on you will b | Direct Debit pa all back by ticki e advised in ad | yment plan can be a ng below, Terms & | arrangec Conditio | l with our NAPIT R ns* may apply. Or | legistration Ten nce we receive | e paid in full by card or B am by calling us on 0345 your application, should NAPIT's cancellation Ter | 543 your |
| Payme | ent by card | | ny credit/debit card t accept American E | | | luding VAT: | £ | |
| Ca | rd number | | | | | | | |
| E | xpiry date | | | | Start | date (if shown) |) | |
| Security code (3 digit | s on back) | | | | | Issue number | | |
| | er's Name | | | | | | | |
| As it appears o Card holder's | | | | | | Date | | |
| | | | | | | | | Please tick |
| | Pay | ment already | arranged via NAPI | T Regist | tration 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 ADDIICADIE) | 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

Operative Details

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 he | eld in acco | ordance wit | th the Dat | a Protection | Act) | | | | | |
|--|---|---|---|---|--|--|--|---------|------------------------------------|---|--|
| | Title | | | | | | Na | itional | Insurance No. | | |
| | Surname | | | | | | | | Date of birth | | |
| F | orename(s) | | | | | | | | | | |
| B. Scope of electric | cal competence | claimed | (please sel | ect all tha | at apply) | | | | | | |
| Full Scope for All Elect | rical Work | 1 | Full Scope fo | r Dwelling: | s Only | | Electric vehicle charge point installations to BS 7671 | | | | |
| | | | | | Portable Appl | liance Te | esting | | Fixed Appliance | e Testing | |
| Electrical Energy Storage Systems to BS Solar Photovoltaic Installations 7671 Solar Photovoltaic Installations | | | | | | | | | | | |
| C. Applying as an e (Not applicable for a If applying as an existi | pplication to Solar | Photovol | ltaic) | | | | sections [|), E, F | or G | | |
| Name of Registration | Body | | | | | | | Dat | e of last assessm | ent | |
| Wiring Regulations Qu | alification (Code f | from Qual | lification Gui | de List 4) | | | | Date | qualification gair | ned | |
| D. Applying with q (please refer to th 1. Current level 3 f 4. Older qualificati **will require evidence of con | e Qualifications Gu NVQ Diploma on** | | Curren Experie | nt level 3 Co enced wor | ertificate | escribe y | | | ces) level 3 NVQ | | |
| (Please refer to t requirements, if y | | to Qualifi | ications Req | <u>uirements</u> | | | | | ch satisfy each | | |
| | | | | Suide that | | itisfactor Guide Li | | | | Date G | |
| Area of competence | 2 | | | buide that | | | | | t NAPIT for it to • Code / Name | | |
| | e nstallation compet | tence | | | | Guide Li | | | | | |
| Area of competence Main (core) electrical in | e nstallation compet wledge competen | tence ICE (not req | uired if core is fr | rom lists 1 or 2 | 2) | Guide Li 1 – 3 | | | | | |
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ID 7679 V6 (010.24)

Please enclose/email:

1. Copies of all qualifications/certificates indicated above (or evidence of previous registration for section C).

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.