

# Membership Application form

## Temporary Electrical Systems to BS 7909



This application form is for use by candidates attending NAPIT approved training courses for Temporary Electrical Systems (TES) work carried out in accordance with BS 7909. Initial registration for a period of 12 months with NAPIT is included with the course and requires details of the company to be registered as well as the operatives listed in Section 6 as attending the course.

Please fill out this application form in CAPITAL LETTERS using black ink and submit this to the trainer running your course together with the evidence required in Section 7. They will complete the verification statements in section 8 and forward this form to NAPIT Registration on successful completion of the course.

1. Company details (address given must be that which you wish to be made public, if more than one please let us know)																	
If you are an existing NAPIT member please state your member number here and skip to Section 5																	
Sole Trader				Partnership				Limited Company				Company Registration No.					
Other																	
Company registered name																	
Company trading name																	
Building number or name																	
Street																	
District																	
Town																	
County										Postcode							
Business telephone number												Fax number (if available)					
Enquiry email address																	
Website address																	
2. Nominated representative details (Primary Contact)																	
(if you need to have separate contacts for different purposes please let us know)																	
Title (Mr/Mrs/Miss/Ms/Other)								Position									
Surname																	
Forename(s)																	
Telephone number (if different)								Mobile phone number									
Email address																	
3. 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 for these activities?																	
Have you ever had certification/registration withdrawn or suspended?																	
Have you ever made an unsuccessful application for 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:																	

4. Geographical Coverage (please indicate the regions where you are active)									
England		Wales		Scotland		N.Ireland		Other (e.g. IoM, Jersey etc)	

5. Declaration by an authorised representative of the company (this should be a Director, Partner or Owner of the company)			
<p>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.</p> <p>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.*</p> <p>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.</p>			
Name		Position	
Signature		Date	

6. Operatives attending the course and to be covered by this company registration				
Title	Forename(s)	Surname	Date of Birth	National insurance No.

7. Evidence required for registration – IF NOT SEEN DURING THE TRAINING COURSE NAPIT WILL BE IN TOUCH TO REQUEST COPIES			
Public Liability Insurance (minimum £2 million but see Scheme Rules*) – PLEASE PROVIDE A COPY OF THE CERTIFICATE OF INSURANCE			
Insurance company		Policy number	
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"/>			
Test equipment calibration or records (see Scheme Rules* for guidance on what can be provided)			
Instrument		Calibration Evidence (indicate certificate or company record)	
Instrument		Calibration Evidence (indicate certificate or company record)	
Instrument		Calibration Evidence (indicate certificate or company record)	

8. TRAINING CENTRE AND NAPIT USE ONLY – VERIFICATION OF EVIDENCE		
Note that any items not verified by the trainer can be provided to NAPIT later for verification		
Item	Verified by trainer	Verified by NAPIT Admin if not available during training
Evidence of insurance provided		
Evidence of suitable test equipment provided		
Name of person verifying the evidence		
Signature		

\*For NAPIT Scheme Requirements and Terms & Conditions please visit [www.napit.org.uk](http://www.napit.org.uk)

Telephone: 0345 543 0330 Email: [info@napit.org.uk](mailto:info@napit.org.uk)

Sheet 2 of 2

MAR/MAF/TES/0618 v1.0