

# Application to become an Approved Business (A/Bus/1)

## **SECTION 1: DETAILS OF PROPOSED APPROVED BUSINESS**

National Insurance Number:

Company Name:		
Type of Company: (please tick)	Sole Trader	Partnership
Contact Name:	Limited Company	Other Other
SNIPEF Membership Numbe	er:	
Address:		
Post Code:		
Office Telephone:		
Fax:		
Mobile:		
E-Mail:		
E-Mail: Website:		
Website: SECTION 2: PROPOSED WO	RK TO BE CARRIED OUT BY APPROVED	
Website: SECTION 2: PROPOSED WOI Please advise the scope of wor Type of work	k your business proposes to carry out:	BUSINESS Yes/No
Website:  SECTION 2: PROPOSED WOI  Please advise the scope of wor  Type of work  Disinfection of Water Systems	k your business proposes to carry out:	
Website: SECTION 2: PROPOSED WOI Please advise the scope of wor Type of work	k your business proposes to carry out:	
Website:  SECTION 2: PROPOSED WOR  Please advise the scope of work  Type of work  Disinfection of Water Systems  Risk Assessment of Water Sy  Risk Assessment and Disinfection  SECTION 3: PROPOSED APP  If you are a sole trader you	k your business proposes to carry out:	Yes/No  And the Approved Operative but you mus
Website:  SECTION 2: PROPOSED WOR  Please advise the scope of work  Type of work  Disinfection of Water Systems  Risk Assessment of Water Sy  Risk Assessment and Disinfection  SECTION 3: PROPOSED APP  If you are a sole trader you	k your business proposes to carry out:  stems ction of Water Systems  PROVED OPERATIVES (AOs) can act as both the Approved Business and to be registered as an Approved Operative	Yes/No  And the Approved Operative but you mus
Website:  SECTION 2: PROPOSED WOR  Please advise the scope of wor  Type of work  Disinfection of Water Systems  Risk Assessment of Water Sy  Risk Assessment and Disinfer  SECTION 3: PROPOSED APP  If you are a sole trader you complete a separate application	k your business proposes to carry out:  stems ction of Water Systems  PROVED OPERATIVES (AOs) can act as both the Approved Business and to be registered as an Approved Operative  e (AO):	Yes/No  And the Approved Operative but you mus

#### PLUMBING AND HEATING CONTRACTORS' ALLIANCE

## **Legionella Risk Assessment & Disinfection Scheme**

You may nominate more AOs if required. Please use a separate sheet. (An AO/I form must be completed for <u>each</u> nominated Approved Operative and must accompany this form).

## SECTION 4: APPROVED OPERATIVES (AO) ALREADY EMPLOYED

(Approved Operatives who are already employed must be members of the PHCA Legionella Risk Assessment and Disinfection scheme)

Name of Approved Operative (AO):	
National Insurance Number:	
AO Registration Number:	

### SECTION 5: AREAS IN WHICH YOUR BUSINESS WISHES TO OPERATE THE SCHEME

(Please tick the Local council areas your firm proposes to operate this scheme)

Tick as appropriate	Local Authority	Tick as appropriate	Local Authority
	All Scottish Local Authority Areas		All Northern Ireland Local Authority Areas
	Aberdeen City Council		Antrim
	Aberdeenshire Council		Ards
	Angus Council		Armagh
	Argyll & Bute Council		Ballymena
	City of Edinburgh Council		Ballymoney
	Clackmannanshire Council		Banbridge
	Dumfries & Galloway Council		Belfast
	Dundee City Council		Carrickfergus
	East Ayrshire Council		Castlereagh
	East Dunbartonshire Council		Coleraine
	East Lothian Council		Cookstown
	East Renfrewshire Council		Craigavon
	Falkirk Council		Derry
	Fife Council		Down
	Glasgow City Council		Dungannon & South Tyrone
	Highland Council		Fermangh
	Inverclyde Council		Larne
	Midlothian Council		Limavady
	Moray Council		Lisburn
	North Ayrshire Council		Magherafelt
	North Lanarkshire Council		Moyle
	Orkney Council		Newry & Mourne
	Perth & Kinross Council		Newtownabbey
	Renfrewshire Council		North Down
	Scottish Borders Council		Omagh
	Shetland Council		Strabane
	South Ayrshire Council		
	South Lanarkshire Council		
	Stirling Council		
	West Dunbartonshire Council		
	West Lothian Council		
	Western Isles Council		

#### PLUMBING AND HEATING CONTRACTORS' ALLIANCE

## **Legionella Risk Assessment & Disinfection Scheme**

#### **SECTION 6: INSURANCE**

If your firm wishes to undertake Risk Assessments of hot and cold water systems you must hold appropriate Professional Indemnity (PI) insurance of at least £250,000. Please supply written evidence from your insurer that you hold such insurance or provide us with the name of your insurance broker or insurer so we may check that you hold such cover.

Name of Insurer or Broker:	
Address:	
Contact telephone number:	
Professional Indemnity Policy Number:	
Indemnity limit:	

#### **SECTION 7: FEES**

The following annual fees will apply to the scheme:

Designation	Fee	VAT	Total Fee
Approved Business Fee (if current SNIPEF Member)	£100	20%	£120.00
Approved Business Fee (if not current SNIPEF member)	£400	20%	£480.00

### **SECTION 8: DECLARATION**

To apply to become an Approved Business under the terms of the PHCA\* Legionella Risk Assessment and Disinfection scheme you agree, by completing and signing this application, that you will accept the terms of the Scheme conditions (as prescribed in the Scheme Guide) and that all work will be carried out in compliance with the scheme terms.

compliance with the scheme terms.		
Name:		
Position in Company:		
Signature:		
Date:		

Please complete and return this form, together with a cheque for the appropriate amount, made payable to SNIPEF Management Ltd, with the completed application. Applications will not be processed until your payment has been received.

Note: You will be required to be a member of the WaterSafe scheme before your application is approved.

Return to: SNIPEF (Membership Department), Bellevue House, 22 Hopetoun Street, Edinburgh EH7 4GH.

01/14

<sup>\*</sup> The Plumbing and Heating Contractors' Alliance (PHCA) consists of the Association of Plumbing and Heating Contractors' (APHC) and the Scottish and Northern Ireland Plumbing Employers' Federation (SNIPEF).