



Certification of Construction (Drainage, Heating and Plumbing) Scheme

Building Standards
Approved Certifier



Application to become an Approved Body (AB/2)

SECTION 1: COMPANY DETAILS

Company Name:								
Type of Company: (please tick)	Sole Trader	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Limited Company	<input type="checkbox"/>	Other	<input type="checkbox"/>
Contact Name:								
Address:								
Post Code:								
Office Telephone:								
Fax:								
Mobile:								
E-Mail:								
Website:	www.							

SECTION 2: DETAILS OF YOUR PLUMBING WORKFORCE

(Please advise us the details of **all** the plumbing operatives you employ, **not just those you wish to register as Approved Certifiers**. Use a separate sheet if necessary)

Plumbing Operative's Name	Date of Birth	NI Number	SNIJIB Grade e.g. Plumber etc



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SECTION 3: NOMINATED CERTIFICATION CO-ORDINATOR(S)

(If you are a sole trader you can act as both the Co-ordinator and the Approved Certifier but you must complete a separate Approved Certifier application. The Co-ordinator does not require to hold a technical qualification but they must hold a position of some authority in the firm).

Name:	
Job Title:	
Contact Details (if different to above): <i>(Include telephone number(s) office and mobile).</i>	
Length of Service:	

SECTION 4: NOMINATED APPROVED CERTIFIER(S) OF CONSTRUCTION (ACC)

(If you are a sole trader you can act as both the Approved Body and the Approved Certifier but you must complete a separate application to be registered as an Approved Certifier)

Name of Nominated ACC:	
National Insurance Number:	
Name of Nominated ACC:	
National Insurance Number:	
Name of Nominated ACC:	
National Insurance Number:	

You may nominate more ACCs if required. Please use a separate sheet. (Approved Certifiers who have never previously been registered will be required to attend and complete a Building Regulations training course and assessment). (An ACC/I form must be completed for each nominated Certifier of Construction and must accompany this form).

SECTION 5: APPROVED CERTIFIER(S) OF CONSTRUCTION (ACC) ALREADY EMPLOYED

(Approved Certifiers who are already employed must be members of the Drainage, Heating and Plumbing scheme)

Name of ACC:	
National Insurance Number:	
ACC Registration Number:	
Name of ACC:	
ACC Registration Number:	
National Insurance Number:	



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SECTION 6: INSURER DETAILS

As you are not a current member of SNIPPEF we will require you to provide us with the name of your Insurer (you need to hold Public Liability Insurance of at least £2m and Employers' Liability, if appropriate).

Name and Address of your Insurer or Broker:	
Telephone Number:	
Policy Number:	
Renewal Date:	

SECTION 7: LOCAL AUTHORITY AREAS *(Please tick the Council areas your firm carries out work in)*

Tick as appropriate	Local Authority
	All Scottish Local Authority Areas
	Aberdeen City Council
	Aberdeenshire Council
	Angus Council
	Argyll & Bute Council
	City of Edinburgh Council
	Clackmannanshire Council
	Dumfries & Galloway Council
	Dundee City Council
	East Ayrshire Council
	East Dumbartonshire Council
	East Lothian Council
	East Renfrewshire Council
	Falkirk Council
	Fife Council
	Glasgow City Council
	Highland Council
	Inverclyde Council
	Midlothian Council
	Moray Council
	North Ayrshire Council
	North Lanarkshire Council
	Orkney Council
	Perth & Kinross Council
	Renfrewshire Council
	Scottish Borders Council
	Shetland Council
	South Ayrshire Council
	South Lanarkshire Council
	Stirling Council
	West Dumbartonshire Council
	West Lothian Council
	Western Isles Council



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SECTION 8: FEES

The following annual fees will apply to the scheme:

Designation	Fee	VAT	Total Fee
Approved Body <i>(if current SNIPEF Member)</i>	£ Nil	N/A	£ Nil
Approved Body <i>(if not current SNIPEF member)</i>	£475	At appropriate rate	£570

SECTION 9: DECLARATION

I/We hereby apply to become an Approved Body under the Building (Scotland) Act 2003 and agree to work in compliance with the Building (Scotland) Regulations 2004 (As amended). I/We confirm that we will support Approved Certifiers by providing access to training and development in support of certification activities (both technical and procedural) to an appropriate level.	
Name:	
Position in Company:	
Signature:	
Date:	

By completing, signing and returning this form, you consent to SNIPEF checking the data you have supplied and also to contact your Local Authority Trading Standards Office or other appropriate statutory bodies to check your trading history. We will also undertake an inspection of work carried out by your business within 12 months of you being approved as a Certifier of Construction.

You should send a cheque for the appropriate amount made payable to SNIPEF Management Ltd with the completed application to: SNIPEF, Bellevue House, 22 Hopetoun Street Edinburgh EH7 4GH. Applications will not be processed until your payment has been received. 2/2/16