

Certification of Construction (Drainage, Heating and Plumbing) Scheme



Application to become an Approved Body (AB/2)

SECTION 1: COMPANY DETAILS

Company Name:				
Type of Company: (please tick)	Sole Trader	Partnership	Limited Company	Other
Contact Name:				
Address:				
Post Code:				
Office Telephone:				
Fax:				
Mobile:				
E-Mail:				
Website:	www.			
SECTION 2: DETAILS OF YOUR			not installand your	iah ta vaniatan as

(Please advise us the details of <u>all</u> 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



Contact Details (If different to above): (Include telephone number(s)

Name: Job Title:

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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).

office and mobile).	
Length of Service:	
	CERTIFIER(S) OF CONSTRUCTION (ACC) both the Approved Body and the Approved Certifier but you must complete a an Approved Certifier)
Name of Nominated ACC:	
National Insurance Number:	
Name of Nominated ACC:	
National Insurance Number:	
Name of Nominated ACC:	
National Insurance Number:	
previously been registered will be requassessment). (An ACC/2 form must be of this form).	uired. Please use a separate sheet. (Approved Certifiers who have never uired to attend and complete a Building Regulations training course and completed for each nominated Certifier of Construction and must accompany 6) OF CONSTRUCTION (ACC) ALREADY EMPLOYED
	ployed 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 SNIPEF 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).	

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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 Dunbartonshire 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 Dunbartonshire 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 (if current SNIPEF Member)	£ Nil	N/A	£ Nil
Approved Body (if not current SNIPEF member	£500	At appropriate rate	£600

SECTION 9: DECLARATION

DECTION 5: DECEARATION			
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