

## Application to become a member of the Water Support Services Scheme

### Type BA Backflow Device (RPZ Valve) Tester (operated by SNIPEF)

#### Company Details

|                 |  |          |  |
|-----------------|--|----------|--|
| Business name   |  |          |  |
| Primary contact |  |          |  |
| Address Line 1  |  |          |  |
| Address Line 2  |  |          |  |
| Town            |  | Postcode |  |
| Telephone       |  | Mobile   |  |
| Email           |  |          |  |
| Website         |  |          |  |

#### RPZ tester operative information

##### 1<sup>st</sup> Operative

|  |   |                       |                          |
|--|---|-----------------------|--------------------------|
| Name                                       |   |                       |                          |
| Address Line 1                             |   |                       |                          |
| Address Line 2                             |   |                       |                          |
| Town                                       |   | Postcode              |                          |
| Telephone                                  |   | Mobile                |                          |
| Email                                      |   |                       |                          |
| N.I Number                                 |   |                       |                          |
| Name of UKAS Calibration Facility          |   | UKAS Registration no. |                          |
| Date Training Completed                    |   |                       |                          |
| Qualifications (both boxes must be ticked) | City & Guilds and WRAS Conversion Training Develop Training Type BA Verifiable Reduced Pressure |                       | <input type="checkbox"/> |
|  | RPZ AIM-08-01 issue 2 Conversion Training and Assessment  |                       | <input type="checkbox"/> |

**RPZ tester operative information:  
2<sup>nd</sup> Operative**

|  |   |                       |                          |
|--|---|-----------------------|--------------------------|
| Name                                       |   |                       |                          |
| Address Line 1                             |   |                       |                          |
| Address Line 2                             |   |                       |                          |
| Town                                       |   | Postcode              |                          |
| Telephone                                  |   | Mobile                |                          |
| Email                                      |   |                       |                          |
| N.I Number                                 |   |                       |                          |
| Name of UKAS Calibration Facility          |   | UKAS Registration no. |                          |
| Date Training Completed                    |   |                       |                          |
| Qualifications (both boxes must be ticked) | City & Guilds and WRAS Conversion Training Develop Training Type BA Verifiable Reduced Pressure (accepted until 30 <sup>th</sup> November 2021) |                       | <input type="checkbox"/> |
|  | RPZ AIM-08-01 issue 2 Conversion Training and Assessment  |                       | <input type="checkbox"/> |

**RPZ tester operative information:  
3<sup>rd</sup> Operative**

|  |   |                       |                          |
|--|---|-----------------------|--------------------------|
| Name                                       |   |                       |                          |
| Address Line 1                             |   |                       |                          |
| Address Line 2                             |   |                       |                          |
| Town                                       |   | Postcode              |                          |
| Telephone                                  |   | Mobile                |                          |
| Email                                      |   |                       |                          |
| N.I Number                                 |   |                       |                          |
| Name of UKAS Calibration Facility          |   | UKAS Registration no. |                          |
| Date Training Completed                    |   |                       |                          |
| Qualifications (both boxes must be ticked) | City & Guilds and WRAS Conversion Training Develop Training Type BA Verifiable Reduced Pressure (accepted until 30 <sup>th</sup> November 2021) |                       | <input type="checkbox"/> |
|  | RPZ AIM-08-01 issue 2 Conversion Training and Assessment  |                       | <input type="checkbox"/> |

|   |  |
|---|--|
| How many Water Support Service operatives do you employ in your business? |  |
| How many Water Support Service operatives do you wish to register?        |  |

**Proof of Competency** (please enclose the following evidence with this application form)

- Operative(s) Certificate/s of competency)
- £2m Public Liability Insurance
- Employers Liability Insurance (if appropriate)
- UKAS Calibration Certificate
- Photograph of Calibration kit showing European or North American version and reference no.

**Membership charges and fees**

- The following annual fees apply:
  - SNIPEF members £100 plus VAT is payable plus £75 plus VAT per operative.
  - Non SNIPEF members £150 plus VAT plus £100 plus VAT per operative
- The Scheme Operator reserves the right to amend or adjust the membership criteria without prior notification.
- Membership to the required scheme will only be active once payment is made in full to the Scheme Operator.

**Declaration**

On signing this document you are declaring that:

- (i) All the information submitted at the time of this application is accurate and true to the best of your knowledge.
- (ii) All work carried out will be compliant with the current Water Byelaws / Regulations of the location area of the work.
- (iii) For the purposes of GDPR under Article 6 “Legitimate interests”, Water Support Services Contractors should ensure that their operatives are aware that their **names only** may appear under the WaterSafe website. By signing this document I confirm that my operatives have been made aware of this inclusion in accordance with the requirements of the General Data Protection Regulation and applicable national law.
- (iv) You agree to your business undertaking a technical inspection as per the terms and conditions of the Scheme.

(v) You have read and agree to the Terms and Conditions of the Water Support Services Contractor Scheme.

Although Water Support Service Scheme Contractors are not approved by WaterSafe, they are recognised by Water Authorities in the UK to carry out specific types of work in compliance with the Water Fittings Regulations and Byelaws. For further information on our Privacy Notice, please visit our website [www.snipef.org/Privacy](http://www.snipef.org/Privacy) . Should you have any queries, about SNIPEF processing your personal data or wish to exercise your rights you can contact us on [contact@snipef.org](mailto:contact@snipef.org). If you are not happy with our response, you can contact the Information Commissioner's Office: <https://ico.org.uk>

By signing this application, I confirm my acceptance of this document and to the terms and conditions of the scheme membership.

|                    |  |
|--------------------|--|
| Name (in capitals) |  |
| Signature          |  |
| Date               |  |

Your designation:

Proprietor    Partner    Director    Manager

Tick this box if you wish to appear under the **Water Support Services section** of the WaterSafe website.

Tick this box if you wish to appear under the **Water Support Services section** of the WaterSafe website but **do not wish to appear** in postcode searches. Please note, all companies will appear in company name searches on the website for verification and auditing purposes.

Once we have checked and approved your application, we will forward you our bank details in order that you can pay your subscription. **Please note that payment can only be received by BACS or faster payment due to COVID-19.**