

Please fill in the form and either post it to: SNIPEF at Bellevue House, 22 Hopetoun Street, Edinburgh, EH7 4GH or copy and email it to [membership@snipef.org](mailto:membership@snipef.org). Alternatively you can apply online at [www.snipef.org/become\\_licenced/joinform.php](http://www.snipef.org/become_licenced/joinform.php)

## STEP 1- Tell us who you are

Business name

Address

Postcode

Telephone

Mobile

Email

Website

Who should we speak to about your application?

## STEP 2- Tell us about your business

### What kind of business are you?

Sole Trader  Partnership  Limited Company

### When was your business established?

### What type of clients do you work for?

Domestic  Commercial  Industrial

### What type of work do you do?

The categories of work you select will appear on the SNIPEF customer searchable website

Emergency call out

Unvented HW systems

Boiler servicing

Drain cleaning

Lead replacement

Oil heating

Septic tank

Solid fuel heating

Roof work

Solar panels\*

Biomass boilers\*

Air source heat pumps\*

Ground source heat pumps\*

Invisible (leak detection)

Disabled adaptations

\* Note: Evidence of industry accepted qualifications must be submitted for these work categories.

### STEP 3- Tell us who your Proprietors, Partners and Directors are

Tell us the name and National Insurance Number of your Proprietors, Partners and Directors:

Name	Designation	NI Number (if known)	Do they carry out plumbing or heating work?	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Has any Proprietor, Partner or Director listed above been connected to a plumbing, heating or related trade business which has become bankrupt or has gone into liquidation in the last 12 months? (Please tick)

Yes     No

If yes, please list which Proprietor, Partner(s) or Director(s) has been connected and note the name of the firm which went out of business and the date it ceased to trade.

Name of Proprietor, Partner or Director	Name of Business	Date Business ceased to trade
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

*Note: If the applicant has been a Proprietor, Partner, or Director of a plumbing, heating or related trade business and the business became bankrupt or went into liquidation, then your application cannot be considered for a further 12 months from the date that this business ceased to trade.*

*If you need further guidance on this note before submitting your application please call the SNIPEF Membership department.*

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#### STEP 4- Tell us about your operatives

Tell us the name and National Insurance Number of the plumbers and gas operatives you employ

Name	Date of birth	NI Number (if kn	Plumber/ Gas operative
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

#### STEP 5 - Tell us about your Insurer

As part of our membership conditions, we need to check that you hold Public Liability Insurance of at least £2m and Employers' Liability Insurance where appropriate. Tell us who your insurer is and we will contact them directly.

Name of your Insurer or Broker

Address

Telephone

Your Policy Number

#### STEP 6- I want to become a SNIPEF Licensed Business for the following reasons:

*This information will only be used in pursuit of continuous improvements to our services to members.*

*Please tick box- you may tick more than one.*

- Generate New Business leads via SNIPEF's 'Need a Plumber' website, referrals from Scottish Water, N.I. Water and Business Stream
- Apprentice Training Funding
- Public & Employers' Liability Insurance scheme
- Advice from professional staff on issues such as Employment, Health & Safety, Technical etc
- Access to members only website which keeps you aware of changes to wage rates, holiday pay etc
- Becoming a member of the Water Regulations Approved Contractor Scheme
- Joining the Approved Certifier of Construction Scheme (ACCS)
- Access to discounts on Renault vans, tools and a variety of other practical services
- To join the Holiday Credit and Sick Pay Schemes

Other

## STEP 7- Where did you hear about SNIPEF?

- Previous employer was a member
- Was a member before
- Via trade merchants
- Via Scottish Water
- Via Northern Ireland Water

Other

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## STEP 8- Declaration

After we receive your application we will check all the information you have sent and then contact you to discuss your application.

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 accepted as a member.

The cost of your membership will be charged once you have met all of required criteria. A non-refundable application fee of £50 +VAT will be payable before we start the application process.

If you require any further information about SNIPEF or the application process please call 0131 556 0600 option 1

Your name

Your signature

Your Designation    Proprietor    Partner    Director

I have read the Duties of a Licensed Business (January 2010) and by signing this application confirm my acceptance of this document and the membership conditions. A copy of the "Duties of a Licensed Business" can be downloaded from the SNIPEF website ([www.snipef.org](http://www.snipef.org)).