

Application to become a member of the Water Support Services Scheme

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

Company Detail	S			
Business name				
Primary contact				
Address Line I				
Address Line 2				
Town			Postcode	
Telephone		Mobile		
Email		·	·	
Website				
Water Support	Service Operatives			
How many Water Support Service operatives do you employ in your business?				
How many Water Support Service operatives do you wish to register?				



RPZ tester operative information

Option 3
City & Guilds
Hydro X Training

(Code HXT-W17)

RPZ Installation, Commissioning and Compliance

Ist Operative Name Address Line I Address Line 2 Town Postcode Mobile Telephone **Email** N.I Number Name of UKAS UKAS Registration no. Calibration Facility Method Used ☐ North American Make of Test Kit (please tick required ☐ European box) Date Training Completed Qualifications (In option I you must tick both of these) **Option I** WRAS Conversion Training City & Guilds AIM-08-01 issue 2 Conversion Training Develop Training Type BA Verifiable Reduced Pressure and Assessment (Code:WNCS11) Option 2 NICEIC Certification Develop Training RPZ - Installation, Commissioning and Compliance Testing of Type BA Devices (RPZ Valves) course



RPZ tester operative information: 2nd Operative

2 Operative				
Name				
Address Line I				
Address Line 2				
Town			Postcode	
Telephone		Mobile		
Email				
N.I Number				
Name of UKAS Calibration Facility			UKAS Registration no.	
Make of Test Kit			Method Used (please tick required box)	□ North American□ European
Date Training Completed				
Qualifications (In option I you must	tick both of these)			
Option I City & Guilds Develop Training Type BA Verifiable Reduced Pressure (Code:WNCSII)		WRAS Conversion Training AIM-08-01 issue 2 Conversion Training and Assessment		
	– Installation, Commissioning ar ype BA Devices (RPZ Valves) co			
Option 3 City & Guilds Hydro X Training RPZ Installation, Comi	missioning and Compliance			



RPZ tester operative information:

□ UKAS Calibration Certificate

3rd Operative Name Address Line I Address Line 2 Town Postcode Telephone Mobile **Email** N.I Number Name of UKAS UKAS Registration no. Calibration Facility Method Used ☐ North American Make of Test Kit (please tick required ☐ European box) Date Training Completed **Qualifications** (In option I you must tick both of these) Option I WRAS Conversion Training City & Guilds AIM-08-01 issue 2 Conversion Training Develop Training Type BA Verifiable Reduced Pressure and Assessment (Code:WNCSII) Option 2 **NICEIC** Certification Develop Training RPZ – Installation, Commissioning and Compliance Testing of Type BA Devices (RPZ Valves) course **Option 3** City & Guilds Hydro X Training RPZ Installation, Commissioning and Compliance (Code HXT-W17) **Proof of Competency** (please send the following evidence to scheme@snipef.org) □ Operative(s) Certificate/s of competency) ☐ £2m Public Liability Insurance ☐ Employers Liability Insurance (if appropriate)

> SNIPEF Bellevue House, 22 Hopetoun Street, Edinburgh, EH7 4GH Tel no 0131 556 0600 email:schemes@snipef.org

□ Photograph of Calibration kit showing European or North American version and reference no.



Membership Subscription charges and fees

For current annual fees for the scheme please visit www.snipef.org or contact us on 0131 556 0600 (option 4) or at schemes@snipef.org

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 https://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. 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	By signing this document electronically or by using a printed signature, you understand that these signatures are as binding as any other.			
Date				
Your designation: □ Proprietor □ Partner □ Director □ Manager □ Tick this box if you wish to appear under the <i>Water Support Services section</i> of the WaterSafe				
website.				
\Box 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 searc	thes 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.				