



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 | | | |

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
Ist Operative

| | | | |
|---|--|--|--|
| Name | | | |
| Address Line 1 | | | |
| 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) | <input type="checkbox"/> North American <input type="checkbox"/> European |
| Date Training Completed | | | |
| Qualifications (In option 1 you must tick both of these) | | | |
| <u>Option 1</u> City & Guilds Develop Training Type BA Verifiable Reduced Pressure (Code:WNCSI1) <input type="checkbox"/> | | | |
| WRAS Conversion Training AIM-08-01 issue 2 Conversion Training and Assessment <input type="checkbox"/> | | | |
| <u>Option 2</u> NICEIC Certification Develop Training RPZ – Installation, Commissioning and Compliance Testing of Type BA Devices (RPZ Valves) course <input type="checkbox"/> | | | |
| <u>Option 3</u> City & Guilds Hydro X Training RPZ Installation, Commissioning and Compliance (Code HXT-WI7) <input type="checkbox"/> | | | |

RPZ tester operative information:

2nd Operative

| | | | |
|---|--|--|--|
| Name | | | |
| Address Line 1 | | | |
| 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) | <input type="checkbox"/> North American <input type="checkbox"/> European |
| Date Training Completed | | | |
| Qualifications (In option 1 you must tick both of these) | | | |
| <u>Option 1</u> City & Guilds Develop Training Type BA Verifiable Reduced Pressure (Code:WNCSI1) <input type="checkbox"/> | | | |
| WRAS Conversion Training AIM-08-01 issue 2 Conversion Training and Assessment <input type="checkbox"/> | | | |
| <u>Option 2</u> NICEIC Certification Develop Training RPZ – Installation, Commissioning and Compliance Testing of Type BA Devices (RPZ Valves) course <input type="checkbox"/> | | | |
| <u>Option 3</u> City & Guilds Hydro X Training RPZ Installation, Commissioning and Compliance (Code HXT-WI7) <input type="checkbox"/> | | | |

RPZ tester operative information:
3rd Operative

| | | | |
|---|--|--|--|
| Name | | | |
| Address Line 1 | | | |
| 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) | <input type="checkbox"/> North American <input type="checkbox"/> European |
| Date Training Completed | | | |
| Qualifications (In option 1 you must tick both of these) | | | |
| <u>Option 1</u> City & Guilds Develop Training Type BA Verifiable Reduced Pressure (Code:WNCSI1) <input type="checkbox"/> | | | |
| WRAS Conversion Training AIM-08-01 issue 2 Conversion Training and Assessment <input type="checkbox"/> | | | |
| <u>Option 2</u> NICEIC Certification Develop Training RPZ – Installation, Commissioning and Compliance Testing of Type BA Devices (RPZ Valves) course <input type="checkbox"/> | | | |
| <u>Option 3</u> City & Guilds Hydro X Training RPZ Installation, Commissioning and Compliance (Code HXT-WI7) <input type="checkbox"/> | | | |

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)
- UKAS Calibration Certificate
- 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 **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.