

Centre Details

Blue Flame Centre Number (if scope extension application)

Centre Name

Centre Address

Centre Website:

Please give address details of any other locations trading under this name

Centre Representatives

Centre Representative Name:

Telephone:

Mobile:

E-mail:

Centre Administration Contact:

Job Title:

Telephone:

Mobile:

E-mail:

Other Contact:

Job Title:

Telephone:

Mobile:

E-mail:

Please list which Assessment Modules you wish to be included within your Blue Flame Certification Approval:

Assessments applying for:

Documentation

Does the centre currently have a Documented System describing the controls for the assessments applying for? Yes No

If yes please outline:

Will the centre be offering Training? Yes No

Does the centre currently hold approval from any other Certification Body? Yes No

If yes please state name of Certification Body:

Has the centre at any time had approval for the scope applied for suspended/withdrawn? Yes No

Declaration

I confirm that the information I have provided is true and correct to the best of my knowledge

I understand that if I have given false or misleading information that this may result in Blue Flame Certification Ltd withdrawing or cancelling approval.

Name:

Position:

Date:

All information submitted to Blue Flame Certification Limited will be treated in confidence and will not be disclosed to any other third party without consent except for information required by an Accrediting Body.

****Please email this completed form to enquiries@blueflamecertification.com****