

Applicants Details

☐ Limited Company
 ☐ LLP
 ☐ Partnership
 ☐ Other, please specify

Company Registered Name (if applicable)

Company Trading Name (if applicable)

Company Registration No.

Company Registration Address

Head Office Address (if different from Reg Address)

Company Website Address

Parent or Sister Companies ☐ Yes (Please provide details on separate sheet e.g. Registered Names and Numbers, addresses, Company trading names)

Site Address where measure applied for will be audited (if known) or geographic area

Has your Company ever had Certification Scheme Membership for the categories for which you are applying:

☐ Refused
 ☐ Suspended
 ☐ Withdrawn
 ☐ Voluntary Relinquished

If yes, please give details

Your company's nominated representative's details

Name: Position:

Telephone: Mobile:

E-mail:

Website:

Please indicate number of employees

Installer Operatives:
 Sub Contract Operatives:
 Head Office Staff:

Additional application information

Applicants must read the Blue Flame Certification Scheme Rules and Contract. This is available at www.blueflamecertification.com

I have read and understood the Blue Flame Certification Scheme Rules and Contract ☐ Yes

Have you used a third party organisation to provide a Quality Management System to meet Scheme requirements ☐ Yes ☐ No

If 'Yes' please state the name of the organisation

If NO to above, do you have any other documented system? ☐ Yes ☐ No

Is your Company MCS Approved? ☐ Yes ☐ No

If 'Yes' please indicate Certification Body

Is your Company a Member of Gas Safe Register? ☐ Yes ☐ No ☐ N/A

Does your Company hold any other approvals e.g. ISO 9001? (continue on a separate sheet if required) ☐ Yes ☐ No

If 'Yes' please give details and Awarding Body

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.

Details of Blue Flame Certification Scheme Rules and Contract are available at www.blueflamecertification.com

Name:

Position:

Date:

Scope of Application – Please complete overleaf for appropriate scheme

Competent Persons Scheme Work Types

Building Fabric	Building Services	Building Services Electrical
<input type="checkbox"/> Replacement of a Window, Rooflight or Roof Window	<input type="checkbox"/> Oil fired Combustion Appliances	<input type="checkbox"/> Fixed Low or Extra-low Voltage Electrical Installations in a dwelling or arising from other work
<input type="checkbox"/> Replacement of a Door	<input type="checkbox"/> Oil Storage Tank and Pipes	
<input type="checkbox"/> Cavity Wall Insulation	<input type="checkbox"/> Heating or Hot Water System and Controls	<input type="checkbox"/> Energy Efficient Lighting System or Electric Heating System in a building other than in a Dwelling
<input type="checkbox"/> Internal Wall Insulation	<input type="checkbox"/> Ventilation System or Air Conditioning System in a Dwelling	<input type="checkbox"/> Periodic Inspection & Testing in dwellings
<input type="checkbox"/> External Wall Insulation	<input type="checkbox"/> Mechanical Ventilation or Air Conditioning System Not in a Dwelling	<input type="checkbox"/> Periodic Inspection & Testing in buildings other than in a Dwelling
<input type="checkbox"/> Hybrid Insulation		

PAS2030 & TrustMark Measures

Category BFM – Building Fabric Measures	Category BSM – Building Services Mechanical	Category BSE – Building Services Electrical
<input type="checkbox"/> Cavity Wall Insulation	<input type="checkbox"/> Chillers	<input type="checkbox"/> Electric Storage Heaters
<input type="checkbox"/> Draught Proofing	<input type="checkbox"/> Condensing Boilers, Natural Gas Fired & LPG	<input type="checkbox"/> Lighting Fittings, Lighting Systems & Lighting System Controls
<input type="checkbox"/> Energy Efficient Glazing and Doors	<input type="checkbox"/> Condensing Boilers, Oil Fired	
<input type="checkbox"/> External Wall Insulation	<input type="checkbox"/> Flue Gas Heat Recovery Device	
<input type="checkbox"/> Flat Roof Insulation	<input type="checkbox"/> Heating System Insulation (Ducting Pipes & Cylinders)	
<input type="checkbox"/> Floor Insulation	<input type="checkbox"/> Heating, Hot Water System, Ventilation & Air Conditioning Controls	
<input type="checkbox"/> Hybrid Wall Insulation	<input type="checkbox"/> Hot Water Systems	
<input type="checkbox"/> Internal Wall Insulation	<input type="checkbox"/> Mechanical Ventilation & Heat Recovery	
<input type="checkbox"/> Loft Insulation	<input type="checkbox"/> Underfloor Heating	
<input type="checkbox"/> Pitched Roof Insulation	<input type="checkbox"/> Warm Air Heating Systems	
<input type="checkbox"/> Solar Blind, Shutters & Shading Devices	<input type="checkbox"/> Water Efficient Taps and Showers	
<input type="checkbox"/> Room in Roof Insulation		

FLEXI – ORB Technologies

- ☐ Solar Photovoltaic
- ☐ Electrical Energy Storage Systems
- ☐ Electric Vehicle Charge Point Systems

Insurance

Public Liability Insurance

Insurance company Policy number

Cover (£) Policy expiry date

Professional Indemnity Insurance (Where relevant)

Insurance company Policy number

Cover (£) Policy expiry date