

Applicants Details

Limited Company
 LLP
 Partnership
 Other, please specify

Company Registered Name (if applicable)

Company Registration No. (if applicable)

Company Registered Address (if applicable)

Company Trading Name (if applicable)

Head Office Address (if different from Reg Address)

Site Address where Sector/Trade type applied for will be assessed (if known) or Post Code area

Has your Business ever had Membership of a Trustmark Scheme:

Refused
 Suspended
 Withdrawn
 Voluntary Relinquished

If yes, please give details

Your nominated representative's details

Name: Position:

Telephone: Mobile:

E-mail:

Website:

Please indicate number of employees

Installer Operatives:
 Sub Contract Operatives:
 Head Office Staff:

Please indicate the Sector/Trade area you wish to be Approved for under our Trustmark Scheme

- | | | |
|---|---|---|
| <input type="checkbox"/> Air Conditioning Engineers | <input type="checkbox"/> Gas Fired Condensing Boilers | <input type="checkbox"/> Room in Roof Insulation |
| <input type="checkbox"/> Bathrooms | <input type="checkbox"/> Ground Source Heat Pump Installers | <input type="checkbox"/> Storage Heaters |
| <input type="checkbox"/> Builders | <input type="checkbox"/> Heating & Hot Water Controls | <input type="checkbox"/> Tilers – Floors and Walls |
| <input type="checkbox"/> Carpenters and Joiners | <input type="checkbox"/> Heating Engineers | <input type="checkbox"/> Velux Installations |
| <input type="checkbox"/> Cavity Wall Insulation | <input type="checkbox"/> Internal Wall Insulation | <input type="checkbox"/> Velux Repairs |
| <input type="checkbox"/> Conservatory Erectors | <input type="checkbox"/> Kitchen Installations | <input type="checkbox"/> Window Installers and Glaziers |
| <input type="checkbox"/> Damp Proofing and Timber Treatment | <input type="checkbox"/> Leadwork Specialists | |
| <input type="checkbox"/> Domestic Energy Assessors | <input type="checkbox"/> Legionella Risk Assessment | |
| <input type="checkbox"/> Drainage Engineers | <input type="checkbox"/> Loft Conversions | |
| <input type="checkbox"/> Draught Proofing | <input type="checkbox"/> Loft Insulation | |
| <input type="checkbox"/> Drive and Patio Contractors | <input type="checkbox"/> Oil Fired Condensing Boilers | |
| <input type="checkbox"/> Electricians | <input type="checkbox"/> Painters and Decorators | |
| <input type="checkbox"/> Energy Efficient Glazing and Doors | <input type="checkbox"/> Plasterers and Renderers | |
| <input type="checkbox"/> External Wall Insulation | <input type="checkbox"/> Plumbers | |
| <input type="checkbox"/> Flat Roof Insulation | <input type="checkbox"/> Renewable Energy (MCS) | |
| <input type="checkbox"/> Floor Insulation | <input type="checkbox"/> Roofers | |
| <input type="checkbox"/> Gas Engineer | <input type="checkbox"/> Roofline Services | |



APPLICATION FOR APPROVAL TRUSTMARK SCHEME

Additional application information

Applicants must read the Blue Flame Certification Trustmark Members Code of Practice. This is available at www.blueflamecertification.com

I have read and understood the Blue Flame Certification Trustmark Members Code of Practice. Yes

Have you ever been subject to a County Court Judgement (CCJ)? Yes No

If 'Yes' please provide details

If required by Blueflame Certification do you agree to a financial track record or credit rating check? Yes No

If 'No' please contact Blueflame Certification

Does your Company hold any other Approvals e.g.: Trustmark, ISO 9001, PAS2030, Competent Person Scheme, etc.? Yes No

If 'Yes' please give details and Awarding Body

I confirm that I/we have in place appropriate Insurance and Warranty protection (*copies will be required at next stage of approval*) Yes

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: