

**APPLICANT DETAILS – ACCURACY IS ESSENTIAL IN ALL SECTIONS**

<b>National Insurance Number</b>																				
Forename(s)																				
Surname																				
Date of Birth																				
Address																				
Town																				
County																				
Post Code																				

Please attach  
2 x Passport  
Photographs

<b>Tel No.</b>																				
<b>Mob No.</b>																				
<b>Email Address</b>																				

<b>REGISTERED GAS OPERATIVE</b> (✓ yes)																				
<b>REG No.</b>																				
<b>BUSINESS REG No.</b>																				

**ASSESSMENT CATEGORY** (see scheme rules) Please tick

<b>Initial Assessment(s)</b> Applicants must provide the assessment centre with evidence of relevant qualifications.	<input type="checkbox"/>
<b>Re-assessment(s)</b> Applicants must provide the assessment centre with original certificates of all relevant previous ACS qualifications	<input type="checkbox"/>

**APPLICANT CATEGORY** (see scheme rules) Please tick

Category 1. Experienced practising gas fitting operative	<input type="checkbox"/>
Category 2. Applicant with relevant training/experience	<input type="checkbox"/>
Category 3. New entrants without relevant training/experience	<input type="checkbox"/>

**ASSESSMENT OPTIONS – TICK ASSESSMENT ELEMENTS REQUIRED AND INSERT EXPIRY DATE OF CURRENT CERTIFICATE**

Domestic			Commercial			Catering			ESP			LPG		
	✓	Expiry Date		✓	Expiry Date		✓	Expiry Date		✓	Expiry Date		✓	Expiry Date
CCN1			CoDNCO1			CODC1			MET1			CoNGLP1PD		
CENWAT			COCN1			CCCN1			MET2			CoNGLP1RPH		
HTR1			COCNP1LS			COMCAT1			MET3LS			CoNGLP1LAV		
CKR1			ICPN1			COMCAT2			MET4			CoNGLP1B		
			ICPN1LS			COMCAT3			CMA1			CoNGLP1EP		
DAH1			ICAE1			COMCAT4			CESP1			CoNGLP1CMC		
LAU1			ICAE1LS			COMCAT5			CMA2LS			CCLP1PD		
LEI1			TPCP1A			CoCATA1			CMET1			CCLP1RPH		
HWB1			TPCP1						CMET2			CCLP1LAV		
CKHB1			CCP1						REGT1			CCLP1B		
DFDA1			CORT1						REGT2			CCLP1EP		
			CIGA1						CMIT1LS			CCLP1CMC		
COLPNG1			CDGA1			<b>Other</b>			CODNESP1			EFJLP1		
COCDN1			CBHP1									VESLP1		
CPA1			CCLNG1									VESLP2		
CMDDA1			CLE1									HTRLP2		
												HTRLP3		
												WATLP2		
			CoCCLNG1									REFLP2		

**MEDICAL/SPECIAL NEEDS:** Should you have any medical condition, which may affect the assessment process or the way you work, or if you have any other special needs, please list them separately and attach them to this application. **Please tick this box if applicable**

**DATA PROTECTION ACT:** The data provided on this form will be used in accordance with the current data protection act. It will be used by BPEC Certification Ltd for certification purposes and details passed to the Gas Safe Register™ as part of the ACS requirements. The information relating to operative competence and registration will be available to the public, or any other parties with a legitimate interest. If you do not wish to receive further mailings on other related subjects, **please tick this box**

**APPLICANT DECLARATION:** I confirm that the information provided on this application is true and correct. I am aware of, and agree to adhere to the BPEC Certification Ltd. assessment scheme rules and requirements. I accept that the use of trademarks relating to BPEC Certification Ltd. the Gas Safe Register™, the HSE and UKAS is forbidden without the written permission of that respective organisation. N.B false, inaccurate or misleading declarations may result in BPEC Certification Ltd. withdrawing or cancelling certificates.

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**CERTIFICATES NOT RECEIVED WITHIN 2 MONTHS OF ASSESSMENT SHOULD BE BROUGHT TO THE ATTENTION OF BPEC CERTIFICATION LTD. A CHARGE WILL BE INCURRED FOR AMENDMENT OF CERTIFICATES AS A RESULT OF INCORRECT OR INELIGIBLE INFORMATION SUPPLIED BY THE APPLICANT.**

**FOR ASSESSMENT CENTRE USE ONLY**

For first-time applicants and/or applicants not known to the assessment centre, the applicant must provide suitable evidence of their identity – please enter details below:

<b>ID Document</b> e.g. passport, driving licence		<b>Country of Issue</b>		<b>Unique ID No.</b> shown on ID document	
--	--	-------------------------	--	--	--

For re-assessment applicants, the assessment centre **MUST** record the details of ALL original ACS certificates below:

<b>Awarding Body</b> e.g. BPEC		<b>Certificate Number(s)</b>	
-----------------------------------	--	------------------------------	--

**Applicant approved\* / rejected\* for assessment - please delete as necessary\***  
(Evidence of relevant qualifications has been provided; candidate photographic likeness and signatures have been confirmed and verified)

**Management Representative: Name** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_