**BOPAS Registration Scheme Application Form**

Please complete the following details and email to the Utilities Administration Team at utilities@lrqa.com

In case of query, please call 0800 014 9152

**1. COMPANY INFORMATION**

|  |  |
| --- | --- |
| **Application Date:** |  |
| **Company Name:**  |  |
| **Address:** |  |
| **Contact:** |  |
| **Position:** |  |
| **Telephone No.** |  |
| **Mobile No.** |  |
| **Fax No.** |  |
| **Email Address:** |  |
| **Website Address:** |  |
| **Invoice address** **(if different than above)** |  |
| **Company Registration No.** |  |
| **Company VAT No.** |  |
| **When submitting the application please ensure you supply a blank company letterhead containing the company registration and VAT number. This is required for verification of your application.** |

**2. LOCATIONS**

|  |
| --- |
| Please list the locations of each office/depot for which registration may be sought, the type of work undertaken and the relevant total workforce, including subcontractors. |
| **Location/s** | **Type of Work Undertaken** | **Workforce** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total Workforce:** |  |

**3. SCOPE OF WORK**

Please indicate with a (x) the scope for which you are seeking accreditation.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | Design |
|  |  |  | Manufacturing |
|  |  |  | Construction |
|  |  |  | Project Management |

 **4. COMPANY DETAILS**

**Please advise the value of Insurance Cover for the following:**

|  |  |
| --- | --- |
| Professional Indemnity | £ |
| Third Party Liability Cover | £ |
| Contractors all risk | £ |

**Please complete the following information by deleting the Yes or No as appropriate:**

|  |  |  |
| --- | --- | --- |
| Do you have Quality Management System conforming to ISO 9001/2; 1994 or ISO 9000:2000? | Yes | No |

|  |  |  |
| --- | --- | --- |
| Has your system been assessed by an independent Accredited Organisation? | Yes | No |

|  |  |  |
| --- | --- | --- |
| Do you have a documented Health & Safety Policy? | Yes | No |

|  |  |  |
| --- | --- | --- |
| Do you have a documented Environmental Management Policy? | Yes | No |

|  |  |  |
| --- | --- | --- |
| Do you have an Environmental Management System conforming to ISO 14001? | Yes | No |

|  |  |  |
| --- | --- | --- |
| Have you been prosecuted or been served notices of prosecution under the Health & Safety or Environmental legislation since 1995? | Yes | No |
| If yes please provide details: |

|  |  |
| --- | --- |
| **Office use only:** |  |
| Assessed by:Signature………………………………….. LRQA Verification Limited  | Date:………………………………………… |