

LPGA APPROVED INSTALLER SCHEME

APPLICATION

Company Name:.....

Trading name (if different):

Legal status ie: sole trader, partnership or limited company.....
If a limited company please state the company registration number.....

Names of Proprietors/Partners/Directors.....

.....

Address:

.....

County: **Post code:**.....

Contact name:

Telephone: **Fax:**

E-mail: **Website**.....

We hereby apply for Initial Assessment for the LPGA Approved Installers Scheme. Our candidates are listed below. We understand that any Approval issued will be on the basis of a named person using conversion equipment for which training has been demonstrated for work at our premises. We undertake to make no claim as being part of LPGA Approved Installers Scheme until a Certificate has been issued by the Association.

We have read and hereby agree to comply with the Terms and Conditions of the LPGA Approved Installer Scheme dated January 2008

We attach a copy of our current Public Liability Insurance Certificate.

Date: **Signature:**

Name (please print):

(Note: Signatory should be the Owner, Partner or Director of the Company)

Candidate Name(s):				
Please list Training Certificates supplied				
Note: The Training Certificates must reflect the equipment fitted on the vehicle submitted for Inspection.				