

Approved Contractors Scheme

Procedure for the Management of HSE Risk in Contracting

Approved Contractor Application Form

Business Name:
Business Address:
Contact Name:
Telephone Number:
Email:

Please complete <u>one</u> of the following options:
If the business is a Limited Company
Company UTR:
Company Registration Number:
If the business is a Partnership
Partnership UTR:
<i>Details of Partner applying for verification</i>
Full Name:
UTR:
National Insurance Number:
If the business is a Sole Trader:
Name of Business Owner:
UTR:
National Insurance Number:

Bank Details for Payments
Bank Name:
Account Name:
Account Number:
Sort Code:

Project Details
Project Site Name:
Work to be undertaken:
Number of employees:
Sub Contractors Used:

Included with returned form	
Risk Assessment Method Statement/s for all works to be undertaken	<input type="checkbox"/>
Public Liability Insurance Certificate	<input type="checkbox"/>
Two Trade References	<input type="checkbox"/>