



Application for Contractor Membership

Please complete all sections and sign the declaration on page 3

PART 1 DETAILS OF THE COMPANY

Name of Applicant/Company:			
Head Office Address:			
Telephone:		Fax:	
Email:		Website:	
Status: (eg Sole Trader, Partnership, Limited Company etc)			
Date of Incorporation:(if applicable)			
Company Registration No:		VAT No:	
Ultimate Holding Co: (if applicable)			
Name & initials of Directors or Proprietors of Applicant/Company followed by letters indicating any qualifications held:			
Who will represent the applicant at LRWA meetings?			
Who will be nominated as Technical contact?			
If their addresses/phone numbers/email are different from HO please supply:			
Is your company a member of any other trade association (eg NFRC) ? If so, please provide details.			
Please provide name of LRWA manufacturing member who is sponsoring your application:			
Sponsors Signature / Company Name / Date:			

Accepted/rejected:

Date:

PART 2 DETAILS OF THE BUSINESS CARRIED ON BY APPLICANT/COMPANY

1.	How long has your organisation been engaged in Liquid Applied Waterproofing?	Years	
2.	INSURANCE		
a)	Employers liability	Public Liability	
	Limit:	Limit:	
	Insurance Co:	Insurance Co:	
	Policy No:	Policy No:	
b)	VAT registration no:		
c)	CIS certificate:		
	Type:	Reg No:	Expiry date:
3.	Names and qualifications of principal working proprietors or directors and number of years' experience in liquid waterproofing:		
	Name:	Qualifications:	Years Experience
4.	Briefly outline the experience of the person(s) responsible within the organisation for liquid waterproofing work:		
5.	Quality Management Systems		
a)	Does the company hold ISO9000 certified management systems? If YES please provide details:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
b)	If NO, please advise if you have your own management system?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6.	Confirm that your Company accepts compliance with the relevant LRWA Code of Conduct.	<input type="checkbox"/> YES	<input type="checkbox"/> NO

PART 3 DECLARATION – TO BE SIGNED IN ALL CASES

We, the undersigned, being an organisation engaged in the business of installing liquid applied waterproofing (or in the business of supplying products or services thereto), hereby apply for Membership of the Liquid Roofing and Waterproofing Association.

In the event of our application being accepted, we undertake to abide by the Code of Conduct governing the Association, which we have read.

Signed:		Title:	
On behalf of:		Date:	

PART 4 ADDITIONAL INFORMATION

OPERATIVES

Total number of operatives:		Total number of skilled operatives:	
Total number holding CSCS cards:		Percentage of PAYE:	
Do you employ trainees:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
How many people do you employ who are currently undertaking training? (including administrative staff)			
Are they directly employed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Are they registered with:	<input type="checkbox"/> NJCFRCI	<input type="checkbox"/> CAS	
Please provide brief details of your training policy:			
Do you keep copies of your training records for third party inspection?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

MANAGEMENT

Total number in Management, Technical & Supervisory:		Number of these holding relevant professional qualifications:	
Do you provide ongoing training for all staff?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If YES, please provide details:			
CITB Registration No:			
Do you have a fully documented safety policy and COSHH register? If YES please forward a copy	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

CLIENT REFERENCES

Please provide name and address, including contact name, of five clients to whom your organisation has carried out liquid waterproofing work and from whom LRWA may obtain a reference. Also give details of a recent contract carried out for them.

Client Name:	
Address:	
	Postcode:
Contact Name:	Tel No:
Site Address:	Specification:
Date job completed:	Size:

Client Name:	
Address:	
	Postcode:
Contact Name:	Tel No:
Site Address:	Specification:
Date job completed:	Size:

Client Name:	
Address:	
	Postcode:
Contact Name:	Tel No:
Site Address:	Specification:
Date job completed:	Size:

Client Name:	
Address:	
	Postcode:
Contact Name:	Tel No:
Site Address:	Specification:
Date job completed:	Size:

Client Name:	
Address:	
	Postcode:
Contact Name:	Tel No:
Site Address:	Specification:
Date job completed:	Size: