

# APPLICATION FORM FOR COMPANY REGISTRATION

Please read the accompanying **Guidance Note** prior to completion of this form.

Please use **BLOCK CAPITALS** throughout

## 1 APPLICANT

1.1 Company Name .....

1.2 Names of Directors .....

.....

1.3 Principal contact person with regard to this application .....

.....

1.4 Is it a Limited Liability Company  Yes  No

2 Business address .....

..... Eircode.....

Tel ..... Mobile.....

Email 1 .....

Email 2 .....

Web Address .....

3 Address of branch offices (if any)

3.1 .....

.....

3.2 .....

.....

## For Office Use

### Number

Date received .....

Date checked .....

Date acknowledged .....

Application fee received  Yes  No

Public Liability Insurance  
Cert received  Yes  No

Employers Liability  
Insurance Cert received  Yes  No

Require further  
information  Yes  No

## 4 BUSINESS DETAILS

4.1 Nature of Business (Tick one or both boxes):  LPG  Natural Gas

Please tick the relevant box(es) below of the type of work carried out:

Installation & Commissioning

Boiler Servicing

Small repairs after safety  
isolation (NOHZ)

Appliance Servicing & Repair

Boiler Installation

Gas Safety Inspection (Annex E)

Appliance Installation

24-hour availability

LAV I.S. EN 1949 Repair/Service

LAV I.S. EN 1949 Gas Safety  
Inspection

4.2 Date of Commencement of Business: .....

4.3 Public Liability Insurance: \*please see guidance document for minimum requirements\*

Name of Insurer .....

**Enclose a copy of your current Insurance Certificate with the completed Application Form**

4.4 Employers Liability Insurance: \*please see guidance document for minimum requirements\*

Name of Insurer .....

**Enclose a copy of your current Insurance Certificate with the completed Application Form**

**List all Installers and Trainees who carry out/ will carry out gas work on behalf of your company.**

| Name | Status* | Name | Status* |
|------|---------|------|---------|
|      |         |      |         |
|      |         |      |         |
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|      |         |      |         |

\* Status applied for either Full or Trainee\*

**An Application Form for Gas Installers must be submitted for each installer and trainee listed above.**

**5 SAFETY REQUIREMENTS:**

5.1 Do you possess a current copy of and have full knowledge of:

I.S. 813       Yes    No

I.S. EN 1949       Yes    No

**6 UNDERTAKINGS:**

- 6.1 Does your company undertake to ensure that the standard of your gas installation work always conforms with I.S. 813 / I.S. EN 1949 Domestic Gas Installation  Yes    No
- 6.2 Does your company agree to read, understand and observe the Rules of Registration of SSB  Yes    No
- 6.3 Does your company clearly understand the circumstances under which your registration may be suspended or revoked  Yes    No
- 6.4 Has your company previously applied to be registered by SSB  Yes    No
- 6.5 Do your company agree to be bound by the CER Criteria Document – The Regulation of Gas Installers with Respect to Safety  Yes    No
- 6.6 Do you agree that the data provided by you to the SSB may be shared with third parties for the purposes of enforcing the provisions of the CER Criteria Document and the SSB’s Rules and procedures  Yes    No
- 6.7 Do you agree to receive regular communications, reminders and notifications from SSB by email in relation to your membership  Yes    No

We hereby declare that all the information given in this Application Form and the ancillary documentation provided by us is correct to the best of our knowledge and belief and we hereby undertake if registered to observe the Rules of SSB as changes are made to it from time to time. [wilfully misleading information will be grounds for expulsion from the Register].

Signed: ..... Date: .....

Name in Block Capitals: .....

Position Held: .....