

LICENSED DECORATOR APPLICATION FORM



Complete this form and return it to the
Scottish Painting and Decorating Licensing Board
Castlecraig Business Park, Player Road, Stirling FK7 7SH
Tel: 01786 448 838 Fax: 01786 450 541
Website: www.scottishdecorators.co.uk
E-mail: info@scottishdecorators.co.uk



Licensed Decorator Application Form

1

Company Name: _____

Address: _____

Tel: _____ Fax: _____

Mobile No: _____ E-mail: _____

If part of a group, state group: _____

Date established: _____

2

Number of Operatives: _____

Number of LOSC: _____

Number of Apprentices: _____

See Note 1.

3

Tax Certificate No: _____

Expiry Date: _____

Enclose photocopy of certificate with application. See Note 2.

4

Employer's Liability Insurance Amount: £ _____

Public Liability Insurance Amount: £ _____

Name of Insurance Company: _____

Enclose photocopies of all insurance documents. See Note 3.

5

Name of Proprietor/Directors: _____

Type of work undertaken by your company: DOMESTIC COMMERCIAL INDUSTRIAL

OTHER Please State: _____

Health & Safety

Please include copies of:

- Health & Safety Policy
- Photocopy of your Accident Report Book

See Note 4.

6

Names of Manufacturers or Merchants with whom you have a serviced account: _____



See Note 6.

PLEASE ENSURE YOU HAVE READ ALL NOTES ON PAGE 4 PRIOR TO SIGNING THIS APPLICATION FORM.

Signed on behalf of the company: _____

Date: _____

Explanation of Notes

Note 1

You are required to enter the number of operatives Labour only sub-contractors and apprentices employed by your company in Box 2. You should then complete the declaration of operatives on page 3. Prior to becoming a licensed decorator your operatives must hold a SCORE/CSCS registration card. (Should they not be registered contact the SDF for advice).

Note 2

You must include with your application a copy of your current tax certificate.

Note 3

You must include in your application a copy of all current and relevant insurance documentation. You must also advise the SDF of any changes to your company's insurance that take place during the year.

Note 4

You must include copies of your Health & Safety policy statement.

Note 5

You must include with the application an extract of your audited accounts signed by a qualified auditor or accountant or if a sole trader a financial integrity statement.

Note 6

You must provide proof of holding a serviced account with a manufacturer or merchant and a trade reference may be sought.

NB

By signing and submitting this application you agree to abide by all terms, particulars and conditions that exist and that from time to time may be altered, by the CLE or the SDF Registration Board. This includes agreement on Technical Inspection, Operative Competence, Financial Probity, the Code of Conduct and Customer Charter, The Complaints Mechanism, Warranty and the issue of an original Scottish Decorators' contract for all domestic work, all statutory obligations, insurance, training requirements and the Disciplinary Code. Should a successful claim be made against the Federation's Warranty for work undertaken by your company, you have agreed to reimburse the Federation all costs incurred in resolving any dispute.

Official use only

	Yes	No	Complete
1 TECHNICAL COMPETENCE			
Report received	<input type="checkbox"/>	<input type="checkbox"/>	
Report attached	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Section 1 complete</i>			<input type="checkbox"/>
2 OPERATIVE COMPETENCE			
Report received	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Section 2 complete</i>			<input type="checkbox"/>
3 FINANCIAL PROBITY			
Accounts included and attached	<input type="checkbox"/>	<input type="checkbox"/>	
Proof of serviced accounts	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Section 3 complete</i>			<input type="checkbox"/>
4 INSURANCE			
Public liability	<input type="checkbox"/>	<input type="checkbox"/>	
Employers liability	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Section 4 complete</i>			<input type="checkbox"/>
5 HEALTH & SAFETY			
H&S Policy Staement attached	<input type="checkbox"/>	<input type="checkbox"/>	
Copy of accident report book	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Section 5 complete</i>			<input type="checkbox"/>
6 TRAINING			
Proof of Training or undertaking	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Section 6 complete</i>			<input type="checkbox"/>

Application approved by _____

Date _____

Fee Rec _____