

Installer Registration Document

64 Carbon Ltd

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Introduction

This document has been created to quickly and easily get you to the stage where you can be onboarded with 64 Carbon to access our ECO funding. It has been designed to be completed as an editable PDF so can be completed on most computer systems. If you would prefer, you can hand-write the answers by printing it out, scanning and sending back to us.

64 Carbon use this document to create and manage your registration with us. Therefore, it is vital that it's completed in full and as accurately as possible. Any details provided will need to be updated as and when they change whether these are accreditations, insurances, personnel or other details.

As always, if you need any help or support whatsoever in the completion of this document please don't hesitate to get in touch where one of the team will be pleased to help in any way that we can. We look forward to working with you.

Installer Management Process

Initial Assessment

This initial assessment is comprised of six sections which we ask you to complete as fully as possible and where indicated to also provide supporting evidence. Upon return of this pack, we carry out a full assessment of the information provided and if everything's in order we can move to the next stage of bringing you on board as part of our installer partner network.

Continuous Audits

The information provided to 64 Carbon is subject to continuous review to ensure that we, and you, are fully compliant at all times. It is your responsibility to provide new and updated information for policies/memberships/insurances which expire. Our normal audit procedures mean we will be revisiting these from time to time and as required by our energy company funders. Between us it's vital that these are all kept up to date and accurate.

Site Assessments

All works undertaken in behalf of 64 Carbon may be subject to random or agreed inspections for compliance with H&S, CDM and Technical Specifications and Technical Monitoring. Please can you indicate below that you agree to comply and assist with any such inspections as requested from time to time.

We agree to assist with all required inspections: Yes No

The 64 Carbon Charter

"Working together in Partnership"

The below are key points to adhere to;

Fully compliant measures, in particular, the correct photographic evidence.

Queries responded to within 48 hrs.

C2's provided with the relevant measures and TM fails remediated within 10 working days.

Qualifying DWP for all HHCRO measures (excluding Universal Credit).

Valid PAS certificate(s) which are in-date and which cover all the measure(s) being claimed for.

In exchange for the above, 64 Carbon will offer:

Payment as per agreed payment terms.

Represent and protect all partners' interests at industry events and organisations.

Behave responsibly, ethically and professionally.

Fair, open and transparent service.

Signed (Installer)	Date
Signed (Account Manager)	Date

BACS payment to Installer

Payee name:	
Remittance address:	
	Postcode:
Bank name:	
Bank address:	
	Postcode:
Account name:	
Account number:	Sort code:
Your email address:	
Your contact telephone number:	
Your secret bank details word:	

Please make payments into the bank account as detailed above.

In light of the increasing risk of fraud when making payments, 64 Carbon have instigated a two person fraud prevention measure where two authorised people must sign a letter to change any bank details from the ones shown here. Each must sign to make any changes at a later date. Signatures and the 'secret bank details' word must be provided or any changes may be denied. 64 Carbon cannot take any responsibility for any losses where changes have been made by unauthorised individuals.

Signature:	Name:	Date:		
Signature:	Name:	Date:		
In the case where only one individual is authorised to make any such bank details, please tick t agree with the following statement. I am the only person required to make any changes to the bank account to which funds should be paid. Any such instruction from me alone is sufficient for such changes to be made.				
Signature:	Name:	Date:		

Company Information

Company/Business Trading Name:

Address:

Company Registration Number:

Telephone Number:

Email Address:

Web Site:

VAT Registration Number:

Person of Significant Control:

ECO Experience of Key Staff:

Point of Contact

Administration:

This is the contact with who we would need to discuss any issues with evidence provided or with any aspect of the proof provided for this application.

Email Address:

Telephone:

Technical/Compliance:

This is the contact with who we would need to discuss any issues relating to Technical or Compliance for ongoing Installations.

Email Address:

Telephone:

Main Contact for Commercial:

This is the contact with who we would need to discuss any aspect of the contract, pricing or scheme particulars.

Email Address:

Telephone:

Finance:

This is the contact with who we would need to discuss any aspect of the financial aspects of our working together. E.G. invoices, Request for Invoices, Credits etc.

Email Address:

Telephone:

Postcode areas

 Please indicate the postcode areas where you carry out work.

 Postcode
 Cover
 Postcode
 Cover
 Postcode
 Cover

Postcode	Cover	Postcode	Cover	Postcode	Cover	Postcode	Cover
AB		E		LE		SK	
AL		EC		LL		SL	
В		EH		LN		SM	
BA		EN		LS		SN	
BB		EX		LU		SO	
BD		FK		М		SP	
BH		FY		ME		SR	
BL		G		MK		SS	
BN		GL		ML		ST	
BR		GU		N		SW	
BS		GY		NE		SY	
BT		HA		NG		TA	
СА		HD		NN		TD	
СВ		HG		NP		TF	
CF		HP		NR		TN	
СН		HR		NW		TQ	
СМ		HS		OL		TR	
СО		HU		OX		TS	
CR		HX		PA		TW	
СТ		IG		PE		UB	
CV		IM		PH		W	
CW		IP		PL		WA	
DA		IV		PO		WC	
DD		JE		PR		WD	
DE		KA		RG		WF	
DG		KT		RH		WN	
DH		KW		RM		WR	
DL		KY		S		WS	
DN		L		SA		WV	
DT		LA		SE		YO	
DY		LD		SG		ZE	

Insurance

Public Liability Insurance (Min £5m):	Yes	No	
Insurer:			
Policy Number:			
Expiry Date:			
Amount of cover:			

Employers Liability (Min £10m):	Yes	No
Insurer:		
Policy Number:		
Expiry Date:		
Amount of cover:		

Please provide a copy of your insurance certificates as part of your application.

Health & Safety

 Who is responsible for Health & Safety at your company?

 Name:

 Position:

 Formal H&S Qualification held:

 Other than the above, does anyone within your company at management or supervisory level hold formal H&S qualifications?

 Name:

 Position:

 Formal H&S Qualification held:

 If you use an external consultancy for competent H&S advice, please provide their details.

 Name:

 Position:

 Formal H&S Qualification held:

 If you use an external consultancy for competent H&S advice, please provide their details.

 Name:

 Position:

 Formal H&S Qualification held:

Please provide a copy of your internal adviser or external consultants CV in relation to health and safety.

Health & Safety continued

How many people does your company employ?			
Do you have a documented Health and Safet	y policy? Yes	No	
Please provide a copy of your health and	safety policy as part of you	r application.	
While we accept that the Health and Safety at Work Act 1974 states that you only require a written policy if you have 5 or more employees, as part of best practice 64 Carbon insists that all of our installers have a documented health and safety policy.			
Outline the policy review procedure including	g frequency and people	involved:	
How does your company ensure it stays up to date with current H&S legislation:			
Describe how you consult with the workforce	within the company w	ith regard to H&S:	
Do you regularly inspect and maintain your			
plant and equipment? (This should include vehicles, electrical equipment, blowing machines and access equipment)	Yes	Νο	
plant and equipment? (This should include vehicles, electrical equipment, blowing	Yes	No	

Please provide us with your companies following documents:

Document	Attached	Document	Attached
Confined spaces risk assessment		Manual handling risk assessment	
Hand arm vibration risk assessment		Sample COSHH assessment	
Hazards to third parties risk assessment		Slips, trips and falls risk assessment	
Lone working risk assessment		Working at height risk assessment	

Measures

Please confirm the measures that you offer and that the relevant approval paperwork.

	Measures	Offered?	PAS Certification Held for this Measure
1.	Cavity wall insulation		
2.	Draught proofing		
3.	External wall insulation		
4.	Gas fired condensing boilers		
5.	Heating controls for wet central heating systems		
6.	Hot water controls		
7.	Internal wall insulation systems		
8.	Loft and rafter insulation		
9.	Flat Roof Insulation		
10.	Party Cavity Wall Insulation		
11.	Oil fired condensing boilers		
12.	Room in roof insulation		
13.	Under floor insulation		

64 Carbon currently has funding in hand for the above measures which would be available to you if you hold relevant PAS Certification for the installation of these measures and can provide a relevant ECO Guarantee. Funding alters all the time so please check with your Account Manager prior to installation if you have any doubt that funding is available.

Measures

Please confirm the measures that you offer and that the relevant approval paperwork.

	Measures	Offered?	GD Approved
1.	Air source heat pumps		
2.	Biomass boilers		
3.	Biomass room heaters with radiators		
5.	Chillers		
6.	Cylinder thermostats		
8.	Duct insulation		
10.	Fan assisted storage heaters		
11.	Flue gas heat recovery systems		
13.	Ground source heat pumps		
15.	Heating ventilation and air conditioning controls		
16.	High performance external doors		
18.	Hot water cylinder insulation		
19.	Hot water showers		
20	. Hot water systems		
21.	Hot water taps		
23	Lighting systems - fittings and controls		
27.	Mechanical ventilation and heat recovery		
28	Micro combined heat and power		
29	Micro wind generators		
31.	Photovoltaics		
32.	Pipework insulation		

33. Replacement glazing	
34. Radiant heating	
37. Sealing improvements	
38. Secondary glazing	
39. Solar blinds	
40. Solar water heating	
41. Transpired solar collectors	
42. Under floor heating	
44. Variable speed drives for motors	
45. Warm air units	
46. Waste water heat recovery	
47. Water source heat pumps	

Accreditations and Memberships

Please provide details of all the accreditations that your company holds, some of which may be compulsory in order to complete certain measures with 64 Carbon.

If you have an accreditation or are a member of an industry body not listed below, please add them in the blank spaces at the bottom of the list.

Please provide copies of all certificates or confirmation for all accreditations and memberships or give reasons for non-inclusion in the declaration.

Accreditation/	Certificate	Offered as IBG's (Insurance Backed	Date	Copy Enclosed		
Membership	Number	Guarantees)	Achieved	Yes	No	
Green Deal Accredited						
PAS2030: 2017						
PAS2030: 2019						
PAS2035: 2020						
CHAS						
CIGA						
Construction Line						
GDGC						
TrustMark						
HETAS						
MCS						
NIA						
NICEIC						
Safe Contractor						
SWIGA						
QANW (INCA)						
Waste Carriers License						
BBA						
Gas Safe						
Part P						
Other - RECC						
Other (Please List)		· · · ·				

Declaration

I/we hereby certify that all the information provided in this questionnaire is true and correct and agree to notify 64 Carbon of any changes to the information provided immediately.

I/we hereby apply for inclusion as one of 64 Carbon approved contractors for the categories of work I/we have specified. I/we understand that additional categories of work can be added at a later date and will provide 64 Carbon with the necessary information when required.

I/we enclose in support of our application the documents indicated below where applicable or provide reason for their non-inclusion:

Signed:	
-	
Print Name:	
Position in Company:	
For and behalf of:	
Date:	

Letter of Authority

I, the undersigned,

Full Name:	
Position:	
Signature:	
Date:	

Authorize the person mentioned below to act on my behalf in all possible matters between 64 Carbon Ltd and , including signing of all legal documents. Any and all acts carried out by the person mentioned below on my behalf shall have the same effect as acts of my own.

Full Name:	
Position:	
Signature:	
Date:	

This authorization letter is valid for 12 months from date of signature.