



***The Resin Flooring Association***  
PO Box 3716 / Stone / Staffordshire / ST15 9EU  
tel +44 (0)7484 075254 / [www.ferfa.org.uk](http://www.ferfa.org.uk)

## **CONTRACTOR MEMBERSHIP APPLICATION FORM**

### **RESIN FLOORING / SCREED FLOORING / SURFACE PREPARATION**

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1. NAME OF COMPANY

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2. ADDRESS

REGISTERED ADDRESS if different from above

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3. TELEPHONE

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4. FAX

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5. GENERAL EMAIL

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6. WEB

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7. NAME, DIRECT EMAIL AND POSITION IN COMPANY OF REPRESENTATIVE WHO WILL ATTEND MEETINGS

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8. DATE OF FORMATION OR REGISTRATION

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9. DATE COMMENCED TRADING

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10. REGISTRATION NUMBER IF A LIMITED COMPANY

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11. VAT REGISTRATION NUMBER

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- 12. IF A MEMBER OF A GROUP OF COMPANIES, GIVE THE NAME AND ADDRESS OF THE ULTIMATE PARENT COMPANY AND ANY OTHER SUBSIDIARIES INVOLVED IN BUILDING CONSTRUCTION OR ASSOCIATED FIELD IN THE UK**

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**13. COMPANY PROFILE DESCRIPTION**

*(What are the main types of work you undertake?)*

*Indicate if you are applying for membership as a Resin Flooring, Screeding or Surface Preparation contractor.*

*These details will part of your website entry once membership is approved. (approx. 100 words)*

13a Resin Flooring / Screeding / Surface Preparation contractor (please mark as appropriate)

13b Type of work undertaken:

*(If resin flooring undertaken, please indicate which types of resin flooring is installed:*

*Types 1-3 Coatings / Types 4-5 Multi-layer and Flow applied Flooring / Types 6-8 Screed Flooring*

13c Description of company activity (max 100 words)

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**14. TURNOVER**

*(please enclose your last year's trading accounts)*

LAST YEAR

PREVIOUS YEAR

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**15. NAME ANY OTHER TRADE ASSOCIATION OR ORGANISATION OF WHICH COMPANY IS A MEMBER**

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**16. THIRD PARTY / QUALITY ACCREDITATIONS (eg ISO9001, CHAS, SafeContractor, Constructionline)**

*(Please give name of scheme and expiry date, if applicable, and enclose copies of certificates)*

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**17. EMPLOYEES & TRAINING**

Is the company registered with CITB? \_\_\_\_\_ YES / NO

*Please indicate how many staff in each category and how many hold CSCS cards and at what grade (where applicable)*

Administration & Sales \_\_\_\_\_

Site Supervision \_\_\_\_\_

Employed Site Operatives \_\_\_\_\_

Sub-contract Site Operatives \_\_\_\_\_

**WORKFORCE QUALIFICATIONS**

(The relevant NVQ logos for qualifications will be added to company details on the FeRFA website):

HOW MANY OPERATIVES HAVE NVQL2:
HOW MANY OPERATIVES HAVE NVQL3:
HOW MANY OPERATIVES HAVE NVQL6:
HOW MANY OPERATIVES HAVE SSSTS _____ and / or SMSTS
OTHER RELEVANT QUALIFICATIONS:

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**18. RECYCLING SCHEME AND HALVING WASTE TO LANDFILL**

(Companies who are taking part in recycling scheme and provide documentary evidence of waste being diverted from landfill can include the relevant logo against their company details on the website):

We are part of the Recycling Scheme with (name provider):
We have signed up to Halving Waste to Landfill:
If NO, do you want more information on the FeRFA Recycling Scheme or Halving Waste to Landfill?

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**19. INSURANCES**

(Provide names of Insurers for Public Liability, Employers Liability and Contractors All Risk and enclose copies of insurance certificates to confirm policies are in force and renewal dates)

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**18. FeRFA TRADE REFERENCES**

*Please provide two trade references, preferably suppliers of product.*

*(If they are members of FeRFA the address / email details are not required.)*

A NAME \_\_\_\_\_

COMPANY \_\_\_\_\_

ADDRESS / EMAIL \_\_\_\_\_

B NAME \_\_\_\_\_

COMPANY \_\_\_\_\_

ADDRESS / EMAIL \_\_\_\_\_

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**19. NAME THREE CONTRACTS WHERE YOU HAVE INSTALLED RESIN FLOORS / SCREED FLOORS / UNDERTAKEN SURFACE PREPARATION (depending on membership type). Projects should have been completed within 2 years of the date of this application.**  
*(Please include email contact details as this will speed up application process.)*

(1) CONTRACT NAME

\_\_\_\_\_

Completion Date \_\_\_\_\_

Type and Value of Work \_\_\_\_\_

\_\_\_\_\_

Employer/Client \_\_\_\_\_

\_\_\_\_\_

Contact \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

Telephone \_\_\_\_\_

(2) CONTRACT NAME

\_\_\_\_\_

Completion Date \_\_\_\_\_

Type and Value of Work \_\_\_\_\_

\_\_\_\_\_

Employer/Client \_\_\_\_\_

\_\_\_\_\_

Contact \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

Telephone \_\_\_\_\_

(3) CONTRACT NAME

\_\_\_\_\_

Completion Date \_\_\_\_\_

Type and Value of Work \_\_\_\_\_

\_\_\_\_\_

Employer/Client \_\_\_\_\_

\_\_\_\_\_

Contact \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

Telephone \_\_\_\_\_

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**20. DECLARATION**

I/We declare that this information is correct to the best of my/our knowledge and accept that it may be checked by the Council and/or CEO. I/We further accept that if a complaint were to be received by the Secretary of FeRFA which subsequently proved that any of the above information was incorrect, then this might lead to expulsion from membership of FeRFA, without refund of any subscriptions paid.

In the event of our application being accepted we undertake to abide by the Rules of FeRFA, to pay such initial and annual subscriptions as shall be agreed by FeRFA, to uphold and maintain the Aims and Standards of FeRFA at all times and to comply with the Terms and Conditions of the Code of Practice.

SIGNED \_\_\_\_\_

NAME \_\_\_\_\_

POSITION \_\_\_\_\_

DATE \_\_\_\_\_

**THIS INFORMATION WILL BE TREATED IN THE STRICTEST CONFIDENCE AND WILL BE USED FOR  
FeRFA MEMBERSHIP VETTING PURPOSES ONLY.**

Revised February 2019