**Submitting your application**

Please email your completed application form with all relevant supporting documentation in Section 11 to [office@adips.co.uk](mailto:office@adips.co.uk).

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| **Section 1 - Organisation Information**  Please detail the address from which inspection activities will be managed /controlled. | | | | | | |
| Trading Title | | | | | | |
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| Company Name (If different from above) | | | | | | |
|  | | | | | | |
| Building Name | | | | | | |
|  | | | | | | |
| Number and Street/Road Name | | | | | | |
|  | | | | | | |
| City or Town | | | | | | |
|  | | | | | | |
| County | | | | | | |
|  | | | | | | |
| Postcode | | | | | | |
|  | | | | | | |
| Website | | | | | | |
|  | | | | | | |
| Email address | | |  | Telephone Number | | |
|  | | |  |  | | |
| Business Type  Please tick the box to describe the type of business making this application. Limited companies should include the company registration number. | | | | | | |
|  | Sole Trader/Self-employed | | | | | |
|  | | | | | | |
|  | Private Partnership | | | | | |
|  |  | | | | | |
|  | Limited Company | Company Registration Number | | | |  |
|  |  |  | | | | (this is your Companies House Number) |
| Inspection Body independence type  What independence type as defined BSEN ISO/IEC 17020:2012 Annex A do you consider your organisation to be?  **Only Type A and Type C Inspection Bodies may register with ADIPS.** | | | | | | |
|  | Type A | | |  | Type C | |

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| **Section 2 - Responsible Person**  Please provide us with the name of the person who is responsible for ADIPS registration matters, if you are a sole trader this will be you. This is the person we will address **all** correspondence to. |
| Title |
|  |
| First Name |
|  |
| Surname |
|  |
| Telephone Number |
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| Mobile Number |
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| Email Address |
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| **Section 3 - Management Responsibility**  Please provide us with the name of your Technical Manager(s) (or equivalent) and Quality Manager (or equivalent)  Please refer to BSEN ISO/IEC 17020:2012 Clauses 5.2.5 and 8.2.3 for further information. | |
| Technical Manager(s) (or equivalent) | |
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| Quality Manager (or equivalent) | |
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| **Section 4 - Your inspectors**  Please tell us about **everyone** working for you who will carry out inspection work. This will either be **employed** individuals (including trainees/apprentices) or individuals who are formally **contracted** to carry out work under your Quality Management System.  Please note that by adding inspectors to your registration you are telling us that you will take responsibility for the work that they do for your business and that they carry out inspection work for which they are competent and hold valid evidence of competence.  Please consult the ADIPS Inspection Scheme Document which is available on the ADIPS website for Qualification Group details.  Please refer to of BSEN ISO/IEC 17020:2012 Section 6.1 for further details on the development and recording of competencies. | | | | |
| **Title** | **First Name** | **Surname** | **Qualification Group**  **(1 – 7 or NDT only)** | **Employed or contracted** |
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| **Section 5 - Sub-Contractors**  This section of the form provides us with details about subcontractors. Please tell us about **all** subcontractors who carry out work that forms part of your inspection but do not work under your Quality Management System.  Please note that by adding subcontractors to your registration you are telling us that they are competent to carry out the work they perform and you hold valid evidence of their competence.  Please refer to BS EN ISO 17020:2012 Section 6.3 for further details on the requirements for sub-contracting. |
| Organisation Name |
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| **Section 6 - Find a Registered Inspection Body Service** | |
|  | As part of our commitment to support awareness of registered inspection bodies, we allow members of the public to use the ADIPS Register Service to identify names and telephone number of registered inspection bodies and details of their categories of registration. If you do not want the full details of your address to be available through these services, please tick the box. |
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| **Section 7 - Payment and fees**  Please note the registration fee is applicable in all cases.  The registration fee is £500+VAT (£300+VAT for electrical or NDT registration only). This sum includes the first inspector.  **Your registration will only be confirmed once full payment has been received.** | | | | | | | | | | | |
| **Cheque**  Payment should be made to ADIPS Ltd.  **BACS**  Payment may be made by BACS using the following details:  Sort Code 54-10-59; Account No. 19504748 | | | | | | | | | | | |
|  | | | | | | | | | | | |
| The current fees are: | | | | | | | | | | | |
|  | **Number** | | |  | **Inc VAT @20%** | | |  | **Total** | | |
| **Registration fee (including a single inspector)** |  | 1 |  | X | **£** |  |  | = | **£** |  |  |
|  |  | | |  |  | | |  |  | | |
| **Additional Inspectors** |  |  |  | X | **£** | 60.00 |  | = | **£** |  |  |
|  | | | | | | | | | | | |
| **Grand Total** | | | | | | | | | **£** |  |  |
| Example:   * An Inspection Body with 6 inspectors will pay £750+VAT. This includes £500 plus VAT registration fee and 5 x £50 plus VAT additional inspector fee. | | | | | | | | | | | |

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| **Section 8 – Qualifying Documents**  Registered Inspection Bodies must maintain adequate insurance cover and operate a formal Quality Management System which fulfils the requirements of BSEN ISO/IEC 17020.  Please refer to BS EN ISO 17020:2012 Clause 5.1.4 for further detail on insurances and reserves. | |
|  | A copy of your current insurance policy schedule and quality manual (or equivalent Management System documentation) is enclosed  **or**  A copy of your current insurance policy schedule and a copy of your UKAS BSEN ISO/IEC 17020 accreditation schedule is enclosed |
| **Only new applications to join the register can select from the options below** | |
|  | A copy of our current insurance policy schedule and quality manual will be sent prior to acceptance onto the register. |
|  | A copy of our current insurance policy schedule will be sent prior to acceptance on the register.  We intend to adopt the ADIPS generic Quality Management System (QMS) and will submit within six months following acceptance onto the register. |

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| **Section 9 – ADIPS Central database**  Registered Inspection Bodies must submit in-service annual inspection (excluding NDT) and certification information into the ADIPS central database. Reports must display your inspector’s signatures and company logo (if applicable) | |
|  | A copy of all inspector’s signatures listed in section 4 and your company logo (if applicable) is enclosed |

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| **Section 10**  **Declaration**  *By completing and submitting this information you are confirming that:*   1. *the information you are supplying is correct to the best of your knowledge and belief;* 2. *you accept and agree to be bound by the provisions which may from time to time be contained in in the ADIPS Register Rules for Registration, or such other rules or provisions as may substitute or replace the same and;* 3. *you agree to be bound by and consent to all other applicable rules, regulations, standing orders, scheme documents and any other provisions, howsoever named or titled, which may, from time to time, be promulgated by and/or under the ADIPS Scheme and/or by the ADSC. “You” includes corporations or such other legal or natural person(s) for or on whose behalf you are signing this declaration.* |

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| Signed: |  |

|  |  |
| --- | --- |
| I am duly authorised to sign this declaration: | |
| Name : |  |
|  | |
| For or on behalf of: |  |
|  |  |
| Position: |  |
|  | |
| Date: Click here to enter a date. |  |

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| **Section 11 - Submission Checklist (existing applicants) –** Please ensure you include the following with your completed application form | |
|  | The correct application fee (see section 7) |
|  | A copy of your insurance policy schedule (see section 8) |
|  | A copy of the current version of your quality manual (or equivalent QMS Documentation) **or**  ISO 17020 accreditation schedule (see section 8) |
|  | A completed form QR2 – Inspection Body Technical Scope |
|  | A head and shoulders photograph for each inspector (listed in Section 4) for use on their ID Badge\* |
|  | A signature for each inspector (listed in section 4) and a copy of your company logo for use on ADIPS in-service annual inspection reports\*\* |

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| **Submission Checklist (New applicants) –** As above plus for each inspector | |
|  | An up-to-date detailed CV detailing their career history, education, and training. |
|  | Copies of all academic/technical qualifications |

\* Not required if ADIPS holds a photograph and inspector’s appearance hasn’t changed

\*\*Not required if ADIPS holds current information

**Please check you have enclosed all the required documentation. ADIPS cannot proceed with your application until all of these items are present**

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| **Review Summary - For ADIPS use only** |

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| **ADIPS Approval** | **Yes** |  | **No** |  |
| Assessed By: |  | Date: |  | |
| If not approved, please give brief details |  | | | |