

WaterMark Application Form

Please insure **all** sections of the application form are completed before submitting your request. Failure to answer **all** questions may result in the delay of your application.

Section 1

Contractor Details			
Name:			
Address:			
Post Code:			
Home Tel:		Mobile:	
Home Fax:		e-mail:	

Contractor Address (If different to the above)			
Address:			
Post Code:			
Business Tel:		Business Fax:	

Section 2

- 2.1 Please provide details of **all** relevant qualifications you have obtained in Plumbing, Heating & Ventilating and/or membership of any associated trades. **(Provide copies of each certificate on return of the application form)**
- 2.2 If you have **No** Water Regulations qualifications, you will be required to attend a Water Regulations assessment course at your own cost. **(For information regarding Water Regulations training courses currently run by Severn Trent Water Ltd, please refer to the Training section on our website)**
- 2.3 If you belong to a trade organisation, please indicate in the table below which trade you are associated with?

Trade Organisation	Tick
Institute of Plumbing	
Heating & Ventilating Association	
APHC	
GAS Safe	
WIAPS	
Other (Please state)	



Section 3

3.1 Please **tick** the type of work(s) you are prepared to undertake?

Category	Tick
Domestic Plumbing	
Domestic Plumbing (New Developments Only)	
Non-Domestic Plumbing	
Non-Domestic Plumbing (New Developments Only)	
Underground Supply Pipework	
Local Authority (Council)	
Hospitals	
Prisons	
MOD (Ministry of Defence)	

3.2 Please **tick** the following service(s) that you currently provide your customers?

Service Levels	Tick
Monday to Friday (5 days per week)	
Monday to Sunday (7 days per week)	
08:00 – 17:00 hours	
24 hour cover	
Emergency Callout Cover	
I am GAS Safe qualified	

3.3 Please **tick** the following areas that you are prepared to work in?

Coverage	Tick
Birmingham	
Derbyshire	
Gloucestershire	
Leicestershire	
Nottinghamshire	
Shropshire	
Staffordshire	
Warwickshire	
West Midlands	
Worcestershire	

Section 4

- 4.1 Please **tick** one of the following statements that describe your current public liability insurance?

Tick	Public Liability Insurance	Amount (£)
	I do have Third Party Insurance to the value of:	
	I do not have Third Party Insurance to the value of:	
	My Company has Third Party Insurance to the value of :	

Section 5

- 5.1 You **must** provide Severn Trent Water Ltd with details of the last three plumbing jobs you have undertaken?
- 5.2 You **must** provide Severn Trent Water Ltd with the contact details of at least two independent referees who are prepared to give a view of your workmanship?

Section 6

- 6.1 I confirm that the information given is true and accurate. I understand and accept that any and all liabilities and disputes relating to my workmanship, products installed, charges, and anything else connected to work I do as a result of being introduced to customers through the WaterMark scheme are solely my own responsibility and Severn Trent Water Ltd has and will have no liability whatever in any of those respects.

Declaration	
Print Name:	
Signed:	
Date:	

- 6.2 Completed application forms, references and copies of qualifications should be sent to:

**The Water Fittings Regulations Team, PO Box 51, Raynesway, Derby
DE21 7JA.**

Note:

Severn Trent Water Ltd reserves the right to undertake inspections on any premises (if such inspections have not already been completed) and any necessary remedial work must be completed to our satisfaction.