

Application for Authorised Contractor for Construction of Dropped Kerb and Crossover

COMPANY DETAILS																					
NAME:	CONTACT NAME:																				
ADDRESS:	TELEPHONE:																				
	FAX: E-Mail Address																				
PUBLIC LIABILITY INSURANCE DETAILS:																					
INSURER:	Policy Number:																				
	Expiry Date																				
	Level of Cover (£5m minimum):																				
NOTE: An original Broker's letter will be required, confirming insurances are valid. Photocopies will not be accepted.																					
PERSONNEL ON STREETWORKS QUALIFICATIONS REGISTER:																					
Please give details of Supervisors and Operatives <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center; border-bottom: 1px solid black;">NAME</th> <th style="width: 50%; text-align: center; border-bottom: 1px solid black;">CERTIFICATE NUMBER</th> </tr> </thead> <tbody> <tr><td>.....</td><td>.....</td></tr> <tr><td>.....</td><td>.....</td></tr> <tr><td>.....</td><td>.....</td></tr> <tr><td>.....</td><td>.....</td></tr> </tbody> </table>	NAME	CERTIFICATE NUMBER	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center; border-bottom: 1px solid black;">NAME</th> <th style="width: 50%; text-align: center; border-bottom: 1px solid black;">CERTIFICATE NUMBER</th> </tr> </thead> <tbody> <tr><td>.....</td><td>.....</td></tr> <tr><td>.....</td><td>.....</td></tr> <tr><td>.....</td><td>.....</td></tr> <tr><td>.....</td><td>.....</td></tr> </tbody> </table>	NAME	CERTIFICATE NUMBER
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I confirm that: The above information is correct I have enclosed: 1 Original of Insurance Broker's letter 2 Photocopies of Streetworks Qualifications Register Registration Cards																					
I understand that I will be required to comply with the requirements contained in the North Yorkshire Council Business & Environmental Services 'Terms of Engagement for Contractors Carrying Out Vehicular Crossings in the Highway'																					
SIGNED:	POSITION: DATE:																				
Please indicate if this is a one-off application or you do not want to be included on lists sent to applicants																					
Please indicate if you do not wish your details to be published on the NYC website																					
<table style="border: 1px solid black; width: 60px; height: 40px; margin-left: auto;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> </table>																					