PETROLEUM EQUIPMENT INSTALLERS & MAINTENANCE FEDERATION

Application for Associate

PLEASE COMPLETE **ALL** SECTIONS

Name:

Address:

Post Code:

Telephone No: Fax No:

E-mail Address: Date of Application:

Employer Details:

Company Name:

Address:

Post Code:

Telephone No: Fax No:

Nature of Business:

Curriculum Vitae:

Continued overleaf

Curriculum Vitae *(continued)*:

The area of the petroleum industry in which you have formerly or presently work(ed)
(Please tick)

Installation Work	Yes		No	
Maintenance Work	Yes		No	
In-house Service Work	Yes		No	
Electrical Work	Yes		No	
Safety Training	Yes		No	
Skill Training	Yes		No	
Do you carry Public Liability Insurance	Yes		No	
Do you carry Professional Indemnity Insurance	Yes		No	

Please state the amount of cover held for each type and insuring company

Public Liability: £

Company:

Professional Indemnity: £

Company:

Proposer:

Name: :

Address:

Post Code:

Telephone No: Fax No:

E-mail Address: Web Site:

Sgnatures:

Applicant: Proposer: