

## Application Form for Pre-Qualification For Third Party Scaffold Training Provider

☐

**New Application**

☐

**Renewal**

### Company Details

Name			
Email		Telephone	
Address			
P.O. Box.		Website (if available)	
Trade License No.		Trade License issued from	

### Contact Details (Authorized Person)

Name		Position/ Designation	
Email		Mobile No.	

### Other Details

No. of Employees involved in training		Company's experience in specified category		Years	
Insurance Policy No.		Validity of insurance			
Accreditation with international bodies					

### Company Declaration

**We hereby confirm that the information provided above is true and accurate to best of my knowledge**

Authorised Person Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Signature & Company Stamp \_\_\_\_\_

Date: \_\_\_\_\_

*This form to be filled completely and pdf copy to be sent to PCFC- Trakhees' CED-Inspection & Compliance Section Email*

[info@pcfc.ae](mailto:info@pcfc.ae)