



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

ehs.construction@pcfc.ae