

## **Application to Register as a Scaffolding Operator**

Company Name	
Contact Name	
Address:	
*Email Address	
Contact Telephone number(s)	
* Please note you must enter an email address	
Please enter the details of your Public Liability Insurance in the table below:-	
Policy Number	
Name of Insurance provider	
*Level of cover	
Policy Start Date	
Policy End Date	

<sup>\*</sup> Your Public Liability Insurance cover must be at least £5,000,000 in order to be eligible for this service