

BPCA Membership Application Form



COMPANY STRUCTURE:

Please tick which category of membership you wish to apply for:

Category	Please tick
Full Membership - Servicing	
Full Membership - Manufacturing & Distributors	
Full Membership - Consultant	
Associate	
Observer	

How did you hear about us? (if you were recommended by someone, please let us know the name of the person and the company) :

Why do you want to join?

ORGANISATION INFORMATION:

What type of company are you?	Please tick
Sole Trader	
Partnership	
Private Limited Company	
Public Limited Company	
Other (please specify) :	

If your application is accepted you will be authorised to claim membership of the BPCA and use the BPCA logo, as supplied, in relation to the above named company only. If you wish other related businesses to be covered by membership, please provide details below, including other addresses, where relevant:

Name of Company:	
Company Registration No. (if applicable) :	
Registered Address (if applicable):	Operational Address:
Postcode:	Postcode:
Tel:	Tel:
Fax:	Fax:
Company Email:	Website:

DUNS No. (if applicable) :	
Has the company ever applied for membership of the BPCA before?	YES/NO

Primary Contact :	
Name:	Position:
Direct Dial:	Mobile:
Direct Email:	

If different, please state the contact details of person completing this form:	
Name:	Position:
Direct Dial:	Mobile:
Direct Email:	

Please provide details of the person authorised to amend contact details on behalf of the company:	
Name:	Position:
Direct Dial:	Mobile:
Direct Email:	

TRADING DETAILS:

When did the business commence trading in pest control?	Month:	Year:
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Does your business operate from more than one location?	YES/NO
If yes, upon acceptance to the Association, we will request confirmation of all your branches in order to make this information available through our consumer search facility (referrals) on our website.	
If yes, how many branches do you operate?	

Please indicate the involvement in any of the following activities with approximate % of total business:	
General Pest Control	
Fumigation	
Timber Treatment	
Manufacture of Equipment	
Manufacture of Pesticides	
Sale of Pesticides	
Sale of Equipment	
Bird Management Proofing	
Bird Control (Trapping & Shooting)	
Narcotising	
Other (please specify):	

What business other than pest control does your company undertake? (if applicable)

Do you use agents, sub-contractors or franchisees for any pest control activities? YES/NO

If YES, are they all members of the BPCA? YES/NO

If YES, are they CHAS registered? YES/NO

INSURANCE:

We advise that you consult your broker to ensure that your business is adequately covered:

Employers Liability – legal requirement to cover you against claims for injury at work from employees, including part-time staff & trainees.

Public & Products Liability – protection against claims for injury or illness caused to people other than employees & damage to their property. One of the most valuable covers you can have, it also covers claims related to your goods even if these claims arise long after the goods have been supplied.

Professional Indemnity Insurance – provides protection against the financial consequences of making errors & omissions. Professional indemnity insurance is essential for any professional organisation that gives advice or provides services in a professional capacity.

Please indicate which of the following insurance policies are in force and the extent of liability cover together with the name of the insurer:

Please tick	Insurance	Policy No.	Limit	Minimum
	Employers Liability			£10m
	Public Liability			£2m
	Products Liability			£2m
	Professional Indemnity			£0.5m

Name of Insurers:

Name and address of Brokers (if applicable) :

Insurance will protect you against a range of liabilities arising out of HR, services rendered or advice given, including:

Negligence – allegations of a breach of your duty of care to a client or of an error or omission

Dishonesty – claims arising from theft, misuse or misappropriation of client funds

Infringement of copyright or trademark

Loss of or damage to documents belonging to your clients

TRAINING AND QUALIFICATIONS:

It is a requirement of membership that all staff involved in the eradication and control of pest species must hold a relevant qualification (please see criteria for details) **and** be members of a recognised CPD scheme.

Full members undertake to provide an annual return of training and qualifications for employees involved in the eradication and control of pest species.

Please give total number of personnel employed in Pest Management:	
How many carry out the application of pesticides?	
Please state the name of the person in direct charge of pest control operations and provide the qualifications they hold:	
Name:	
Qualification/s held:	CPD number:

Please state the names of all other personnel that are involved in the eradication and control of pest species, the qualifications they hold and their CPD scheme membership number:			
Name	Job Title (eg. technician, trainee etc...)	Qualification (Please note trainees have 18 months to pass the Level 2 or equivalent qualification for the company to remain a member)	CPD number (usually starting in 200 for BASIS PROMPT)

How many of your staff hold the BASIS certificate qualifying them to issue advice in the use of pesticides?	
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REFERENCES (please provide references for the following) :

Customer:	
Contact Name:	
Address:	
Postcode:	
Tel:	Email:

Supplier:	Account Number:
Contact Name:	
Address:	
Postcode:	
Tel:	Email:

Please supply any other information which you consider may be relevant to your application:

DECLARATIONS:

BANKRUPTCY AND LIQUIDATION:

Have any officers of the company ever been involved as owners, principals or directors of any other previous business in any scheme or arrangement leading to the bankruptcy or liquidation of the organisation?

YES-NO-NA

PROSECUTIONS OF ENFORCEMENT NOTICES:

Please provide details of any enforcement notices issued on you or your business by the HSE or Local Authority in the last three years. (Please note having a prosecution or notice will not exclude your business from registration although a failure to declare may). If you have prosecutions or notices to tell us about, if yes, please provide details of any corrective action taken or proposed to address them.

Are all Pesticides used or supplied registered under the Control of Pesticides Regulations 1986 (amended 1997) or under the Biocidal Products Registration?

YES/NO

Do you hold any products in quarantine that have been withdrawn through BPD or have become out of date?

YES/NO

Upon acceptance of your application, do you agree to comply with:

Codes of Practice (which as a minimum require compliance with the relevant statutory legislation)

YES/NO

BPCA Code of Conduct*

YES/NO

Articles and Regulations of Association?*

YES/NO

Agree to undertake an EN16636 audit (Servicing companies only)?

YES/NO

*These documents are available in the members' area of the website. If you require sight of these ahead of acceptance, please contact Rachel Eyre – 01332 225 112

PROCESSING FEE/SUBSCRIPTIONS:

Applicants, other than for the Probationary Scheme, are required to pay a processing fee (£180 inc 20% VAT) on application, details of which are provided in the table on the next page. **Please note that on the assumption that your application is progressed successfully, the processing fee will be offset against your first period's subscription.** Those joining the Probationary Scheme are requested to pay a full year's subscription on application.

Subscriptions are based on UK turnover, which is to be declared at the time of application and, thereafter, within the annual returns. Turnover includes SERVICES – including general pest control, bird control and proofing, fly screening, EFK maintenance, consultation and fumigation (space and soil), and PRODUCT – sales of pesticides, including on-line sales (ready-to-use, concentrate formulations and raw materials, fumigant gases) and related pest control equipment. Please note that a random number of members will be selected for turnover verification on an annual basis.

Any information on turnover will be kept confidential and is only used for the levying of subscriptions. **IT WILL NOT IN ANY CIRCUMSTANCES BE DISCLOSED TO ANYONE OTHER THAN THE ASSOCIATION STAFF.**

BPCA Subscriptions 2018

	Relevant turnover	Category	Subscription (net)	VAT (20%)	Subscription (gross)	Please tick
Full Members: Servicing, Manufacturing & Distributors and Consultants	<£50k	1	£410.00	£82.00	£492.00	
	£51k-£100k	2	£632.00	£126.40	£758.40	
	£101k-£150k	3	£1002.00	£200.40	£1202.40	
	£151k-£225k	4	£1527.00	£305.40	£1832.40	
	£226k-£300k	5	£1799.00	£359.80	£2158.80	
	£301k-£390k	6	£2124.00	£424.80	£2548.80	
	£391k-£500k	7	£2527.00	£505.40	£3032.40	
	£501k-£650k	8	£2782.00	£556.40	£3338.40	
	£651k-£825k	9	£3082.00	£616.40	£3698.40	
	£826k-£1m	10	£3380.00	£676.00	£4056.00	
	£1m-£2m	11	£4231.00	£846.20	£5077.20	
	£2m-£3m	12	£5062.00	£1012.40	£6074.40	
	£3m-£4m	13	£5901.00	£1180.20	£7081.20	
	£4m-£5m	14	£6757.00	£1351.40	£8108.40	
	Over £5m	15	£8425.00	£1685.00	£10110.00	
Probationary Scheme			£195.00	£39.00	£234.00	
Associate			£812.00	£162.40	£974.40	
Observer			£685.00	N/A	£685.00	

Payment may be made by (please tick):

Cheque (made payable to BPCA)

Credit/Debit Card - please enter details below, we will contact you for further information prior to taking payment

Bank Transfer - please contact the office for details

Name on Card:	Company:
Card Number:	Amount: £

THE INFORMATION I HAVE GIVEN IN THIS APPLICATION IS TRUTHFUL, COMPLETE AND CORRECT:

NAME (Block capitals):
Authorised signatory:
Position in company:
Date of application:

Please complete and return to:

British Pest Control Association, 4a Mallard Way, Pride Park, Derby, DE24 8GX
 T: 01332 294 288 F: 01332 225 101 E: enquiry@bpca.org.uk W: www.bpca.org.uk