

To be completed by the applicant and supported by an independent declaration.  
Please complete this form in BLOCK CAPITALS using a BLACK or BLUE ballpoint pen.  
Please ensure the form is completed correctly to prevent it being returned.

### SECTION A

#### Applicant Details

<p><b>A1</b> Title <input type="text"/></p> <p>Surname <input type="text"/></p> <p>Forename <input type="text"/></p> <p>Home Address <input type="text"/></p> <p><input type="text"/> Postcode <input type="text"/></p> <p>Telephone Number <input type="text"/></p> <p>E-mail <input type="text"/></p>	<p>If you have not previously sent a passport style photograph within the last 2 years please attach one here. Do not staple.</p>	<p>CPCS Card No. (if applicable) <input type="text"/></p> <p>National Insurance No. <input type="text"/></p> <p>Date of Birth <input type="text"/> - <input type="text"/> - <input type="text"/></p> <p style="font-size: small; text-align: center;">D D M M Y Y Y Y</p>
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**A2** I confirm that to the best of my knowledge the information above is correct. I accept this personal data will be held and used in accordance with the CPCS Fair Processing Policy set out in the Scheme Booklet for Operators.  
In signing this form I agree to comply with the terms and conditions set out in the CPCS Scheme Booklet.

Applicant signature  Date  -  -

D D M M Y Y Y Y

CITB may contact you to provide you with information on our other products, services and activities, and those of selected third party organisations, that we think may be relevant and useful to you.

If you agree to be contacted for these purposes by **telephone or email**, please tick this box   
If you **DO NOT** want to receive such information by **mail**, please tick this box

### SECTION B

#### Other Qualifications

- B1 CITB Health safety and environment test passed within 2 years of application receipt
- B2 CPCS Renewal Test passed within 2 years of application receipt (for each category being renewed as indicated in Section C)
- To book a test contact the booking line on **0344 994 4488**

### SECTION C

#### CPCS Category (ies)

Category Code and Endorsement	Practical Please select route	Category Code and Endorsement	Practical Please select route	Category Code and Endorsement	Practical Please select route
A <input type="text"/>	PT OSA LB VQ	A <input type="text"/>	PT OSA LB VQ	A <input type="text"/>	PT OSA LB VQ
A <input type="text"/>	PT OSA LB VQ	A <input type="text"/>	PT OSA LB VQ	A <input type="text"/>	PT OSA LB VQ
A <input type="text"/>	PT OSA LB VQ	A <input type="text"/>	PT OSA LB VQ	A <input type="text"/>	PT OSA LB VQ

### SECTION D

#### Mailing Address

Please enter below where you would like the card to be sent: Applicant as in Section A1  Other (as below)

Company name (if applicable)

Address:

Postcode

### SECTION E

#### Independent Declaration

I certify that the details on this application are correct to the best of my knowledge and the photograph in Section A1 is a true likeness of the applicant detailed above.

Job role Company Approved Validator

CPCS No.

Name

Employer Name

Signature

Date  -  -

D D M M Y Y Y Y

### SECTION F

#### Payment

No Payment Due, payment for this card application was included within the CPCS Renewal Test fees.

## APPLICATION TO RENEW A CPCS COMPETENT OPERATOR CARD

This application form is appropriate for individuals applying to renew their CPCS Competent Operator card. The applicant has to demonstrate ongoing operating experience through a choice of routes CPCS Practical Test (PT), On-site Assessment (OSA), or Logbook (LB).

### Section G Terms and Conditions of CPCS Application

1. This form is only valid when Section E is signed by the company-approved CPCS Validator.
2. It is the responsibility of the company-approved CPCS Validator to ensure that all CPCS requirements for the application as set out in the Scheme Booklet for Operators are adhered to, including:
  - a) the applicant's stated details are correct and the photograph in section A is a true likeness of the applicant,
  - b) the applicant has a CITB Health, safety and environment test passed within 2 years of the date of application receipt,
  - c) the applicant has a CPCS Renewal Test passed within 2 years of the date of application receipt (for each category being renewed as indicated in Section C),
  - d) the applicant has proven ongoing category operating ability through:
    - achievement of the CPCS Practical Test delivered by a CPCS Tester through a CPCS Test Centre, or
    - achievement of an On-site Assessment delivered by a CPCS Tester through a CPCS Test Centre, or
    - recording the minimum number of hours in a CPCS Logbook, (and being endorsed competent by an Endorser).
  - e) the applicant already holds a blue CPCS Competent Operator card.
3. Application forms are subject to audit checks in accordance with CPCS requirements. Application forms, which are incorrect or not found to meet the requirements, will be returned.

### Section H Completion Requirements

**Section A:** Complete section A and attach a photograph that meets passport requirements, with a light background.

**Section B1:** Confirm that passed, but there is no need to attach evidence of the CITB Health safety & environment test pass as this can be independently validated. To book a Health, safety and environment test contact the booking line on **0344 994 4488**.

**Section B2:** Confirm that passed, but there is no need to attach evidence of the CPCS Renewal test pass as this can be independently validated. To book a CPCS Renewal Test contact the booking line on **0344 994 4488**.

**For further details refer to [www.citb.co.uk/cpcs](http://www.citb.co.uk/cpcs)**

**Section C:** Enter the appropriate category code(s) being applied for, and confirm for each category the route chosen to demonstrate ongoing practical operating ability:

- PT for CPCS Practical Test
- OSA for On Site Assessment
- LB for Logbook
- VQ for N/SVQ \*. \* only applicable to categories where achievement was within previous two years of renewal date, see Scheme Booklet for Operators for full requirements.

Current category codes are enclosed but they can also be found on the CITB website at [www.citb.co.uk/cpcs](http://www.citb.co.uk/cpcs). If there is insufficient space to list all categories required, please continue onto another application form completing Sections A (with the exception of the photograph), C and E as it must have an independent validation.

If applying for categories A61 and/or A62 there is currently no On-Site Assessment available. CPCS has provided a Renewal/Competence Assessment (accessible from the website) this is employer endorsed. Please complete this application form ticking the OSA box, and attach a copy of the completed and endorsed Renewal/Competence Assessment.

**Section D:** It should be noted that if a mailing address is not provided the card will be sent to the applicant's home address as provided in Section A1.

**Section E:** This section requires an independent declaration of the applicant's identity by the company-approved CPCS Validator, with CPCS Validator number and Employer Name completed.:

**Section F:** There is no need to send payment with the application form as the charge for the card application is included within the CPCS Renewal Test fee.

**General:** Please return the completed form with a photograph and copies of any relevant certificates to:

CPCS

PO BOX 320  
Bircham Newton  
Kings Lynn  
Norfolk  
PE31 6WD

If you require help completing this form please contact CPCS on: **0844 815 7274**

On receipt of this application it will usually take 15 working days to produce the card, providing all registration conditions have been met.