

F3**CAP Candidate – Application Form**

1. APPLICANT DETAILS		(PLEASE USE BLOCK CAPITALS)	
Surname		Forename	
Home address		Date of Birth	DD / MM / YYYY
		Telephone No.	
		E-mail address.	
PAL no.	(Or other appropriate operator training licence No.)	Previous CAP No.	(If applicable)
CAP categories required	(See table below for reference)		
1a Static Vertical	1b Static Boom	3a Mobile Vertical	3b Mobile Boom
Special (List make and model)	MCWP Mast Climbing Work Platform	P&M Planning and Management of Examination Schemes and Thorough Examinations	IAD
To the best of my knowledge all of the information supplied is true and I understand / agree that the information submitted on this form will be entered on IPAF's database and will be used for the purposes entered on its Data Protection Registration, and agree that my card details can be passed to sites/employers on request. I confirm that I have reasonable medical fitness for the task to be undertaken			
Applicant's signature		Date	DD / MM / YYYY

Please enclose (i) your Curriculum Vitae, (ii) copies of all RELEVANT certificates with this application.

2. EMPLOYER DETAILS		(PLEASE USE BLOCK CAPITALS)	
Employer			
Employer Address			
Telephone No.		E-mail address	
Applicant's position, duties and experience	POSITION & DUTIES YEARS OF ENGINEERING EXPERIENCE EMPLOYMENT STARTED - MM / YYYY		
As the employer of the person applying for certification as a Competent Person, you should bear in mind that the candidate: <ul style="list-style-type: none"> • May be required to draw up / modify and authenticate an examination scheme. • Must carry out an ongoing review of the periods between thorough examinations. • Must, following a thorough examination, notify the employer forthwith of any defects in the lifting equipment which in his/her opinion is or could become a danger to persons. • Must make an authenticated report in writing as soon as is practicable after the thorough examination (normally within 28 days) 			
'I have examined the requirements of the CAP scheme and have satisfied myself as to the experience of the applicant. I recommend that he/she should be issued with a CAP licence for the categories indicated.'			
Employer's signature		Date	DD / MM / YYYY
Name		Position	