



APPLICATION FOR ASSESSMENT AND EVALUATION: WORKSHOP / TECHNICIAN

Personal Details

Contact Details

Surname		Contact Number	
First Names		Email Address	
Date of Birth		Postal Address	
Identity Number		Residential Address	
Sex	Male <input type="checkbox"/> Female <input type="checkbox"/> (Please Tick Appropriate Box)	Next of Kin Contact Number	

Experience

Please tick appropriate Box

Kindly indicate your previous Fire Equipment Servicing Experience	Fire Extinguisher Reconditioning	<input type="checkbox"/>
	Plumbing	<input type="checkbox"/>
	Fire Fighter certificate	<input type="checkbox"/>

Company name: _____

Address: _____

Signature: _____ Date: _____

I declare that the information given is true

Office use only

Attachments required

Documents	(Tick Box if submitted and cross if not)
Company registration with BIPA – Founding statement (mandatory)	<input type="checkbox"/>
Company registration with the City of Windhoek Business / Fitness Certification	<input type="checkbox"/>
A.I.A for renewals	<input type="checkbox"/>
Company to provide proof of fitness evaluation certificates: Firefighting certificate/fire extinguisher servicing certificate/Technician certificate / Plumbing certificate (Renewals)	<input type="checkbox"/>
Copy of ID (Owner and technicians)	<input type="checkbox"/>
Application status	Accepted <input type="checkbox"/> Rejected <input type="checkbox"/>

Official signatory: _____

Enquiry:

Mr. T. Uusiku - 061 290 2816

Reception - 061 290 2897