



## Application for Accreditation Depot Information



To be completed annually for each depot to be accredited

Company Name Or Depot Name if Different:		Application No:	Depot No:																							
Address:		CFTS Use																								
		Telephone:																								
		Fax:																								
		E-Mail:																								
		Web Address:																								
Postcode:																										
Number of Service Engineers normally employed at this location:		Number of Competent Persons normally employed at this location:																								
Anticipated number of Thorough Examinations to be completed each year		<b>Names &amp; Qualifications of all Competent Persons to be listed on the depot information form.</b>																								
Does this include customer trucks?	Yes	No																								
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	Address of Local Enforcement Office																									
	Postcode:			Telephone:																						

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