

Pre-Qualification form For Third Party Scaffold Training Providers

New Application

Renewal

Company Details

Name			
Email		Telephone	
Address			
P.O. Box.		Website (if available)	
Trade License No.		Trade License issued from	

Contact Details (Authorized Person)

Name		Position/ Designation	
Email		Mobile No.	

Other Details

No. of Employees involved in training		Company's experience in specified category		Years	
Insurance Policy No.		Validity of insurance			
Accreditation with international bodies					

Company Declaration

We hereby confirm that the information provided above is true and accurate to best of my knowledge

Authorised Person Name: _____ Designation: _____

Signature & Company Stamp _____ Date: _____

This form to be filled completely and pdf copy to be sent to PCFC- Trakhees' CED-Inspection & Compliance section at ehs.construction@trakhees.ae.