

PRE-QUALIFICATION FORM For Third Party Scaffold Training Providers

New Application

Renewal

COMPANY DETAILS (Consulting Firm)

Name		Telephone	
Email		Fax	
Address		PO Box	
Trade License No.		Trade license issued from	

CONTACT DETAILS (Authorised Person)

Name		Position	
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 EHS at ehs.construction@trakhees.ae

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