

LOGIC CERTIFICATION



Application for Assessment – Unvented Domestic Hot Water Systems

Title Mr, Mrs, Miss		Photo
Surname		
Forenames		
Date of birth		
NI Number		
House name/no.		
Street address		
Town		
City		
County		
Post code		
Telephone number		

Medical or special needs

Should you have any medical or special needs which may affect the assessment or which the centre's first aider should be made aware of, please tick this box and attach the details to this form.

Logic Certification will hold your details in accordance with the Data Protection Act 1998. We may share this information with companies that we have commercial links with in order to keep you informed of products and services that we believe will be of interest to you. Please tick the box if you do not wish us to do this.

Candidate declaration

I confirm that the information supplied on this form is correct and complete to the best of my knowledge and that I have read the Scheme Rules supplied to me. I realise that a false declaration may lead to my certificate being cancelled or withdrawn.

Name	Signature	Date

Written paper results (centre use only)

1 st attempt %	2 nd attempt % (total)	3 rd attempt % (total)	Pass/fail

Practical result (centre use only)

1 st attempt	2 nd attempt	Pass/fail

Assessor name	Assessor code	Assessor signature	Date
I. OULTRAM	LCA 118		

Internal verifier name	IV code	Internal verifier signature	Date

Logic Certification use only

Document reviewer name	Document reviewer signature	Date