



## **Request for Additional OFTEC Qualifications to be added to existing OFTEC Registration**

**This form is only to be completed if you already hold OFTEC Registration and wish to add additional qualifications to your classes of registration. If you wish to apply for registration or re-registration, please complete the Application for Registration Form (R/250)**

On completion of this form, please return to OFTEC together with the correct payment. (This will not be cashed until the office has received confirmation of successful assessment). It is estimated that your request for additional qualifications to be added to your registration may take up to 28 days from date of invoice. To reduce the 28 day period please contact us regarding our "fast track" service.

### **1. PERSONAL DETAILS**

Full Name:
Company Registration Number:
Technician Registration Number:
National Insurance /PPS Number:

### **2. NEW OFTEC QUALIFICATION(S) GAINED**

Please insert date of assessment for additional qualification(s) undertaken

Qualification	Date of Assessment	Centre Attended
<b>OFT 101</b> - Domestic/Light Commercial Oil Firing Commissioning and Servicing Course - Pressure Jet Appliances		
<b>OFT 102</b> - Domestic Oil Firing Commissioning and Servicing Course - Vaporising Appliances		
<b>OFT 105E</b> - Domestic Oil Firing System Installation Course plus Fuel Conservation		
<b>OFT 600a</b> - Domestic & Non Domestic Oil Storage Tank Installation Course		
OFT 700 Commercial		
Other ( <i>Please specify</i> )		

### **For office use only**

Invoice Number:	Invoice Date:
Database Updated:	Documents sent:

**4. PAYMENT DETAILS**

Please tick/delete as applicable

\*I enclose a cheque for the sum of £40.00 + VAT (€48.00)

\* I give permission for you to take £40.00 + VAT from my Credit/Debit Card

CREDIT CARD DETAILS: VISA / Mastercard / Delta / Maestro / Other  
(Circle as appropriate)

Card Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Valid From: \_\_\_\_\_ to \_\_\_\_\_ Postcode \_\_\_\_\_ Issue Number (Maestro). \_\_\_\_\_

Security No. (last 3 digits on sig strip) \_\_\_\_\_

Post Code \_\_\_\_\_ House no. \_\_\_\_\_

Signature .....

Date.....

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