



**IPCA
[IRISH PEST CONTROL ASSOCIATION]**

MEMBERSHIP APPLICATION FORM

SERVICING COMPANIES

TRADING NAME: _____

1. Name of Company: _____

2. Registered Address: _____

Tel _____ Fax _____

Email _____

2.1 Is this a residence or a commercial premises?

3. Other premises from which your business is conducted:
(Please list with telephone numbers)

4. Are you a *(please ✓)*:
 Sole Trader?
 Partnership?
 Private Limited Company?
 Public Limited Company?
 Other? *(Please specify)* _____

5. Main Contact:
Name _____
Position _____

6. Date trading commenced:
Month _____ Year _____
Date pest control activities commenced, if different
Month _____ Year _____

7. Give names of Executive Officers such as Partners, Directors, etc:

8. Have any officers of the company ever been involved as owners, principals or directors of any other previous business in any scheme or arrangement leading to the bankruptcy or liquidation of the organization?

If yes, please give details:

YES/NO

9. If the applicant company is a subsidiary, please give name of holding company or ultimate parent group:

10. What business other than pest control does your company undertake?

11. Indicate activities undertaken with approximate % of total business:

<input checked="" type="checkbox"/>		[% of Total Turnover]
<input type="checkbox"/>	General Pest Control Services	<input type="checkbox"/>
<input type="checkbox"/>	Fumigation using methyl bromide	<input type="checkbox"/>
<input type="checkbox"/>	Timber treatment	<input type="checkbox"/>
<input type="checkbox"/>	Manufacture of Pesticides	<input type="checkbox"/>
<input type="checkbox"/>	Sale of Pesticides	<input type="checkbox"/>
<input type="checkbox"/>	Manufacture of Equipment	<input type="checkbox"/>
<input type="checkbox"/>	Sale of Equipment	<input type="checkbox"/>
<input type="checkbox"/>	Any other (<i>please specify</i>)	<hr/>

12. Give total number of personnel

12.1 Please list the names of those that apply pesticides together with their qualification.

12.2 List personnel in 12.1 and the qualification that they hold.

12.3 Training Dates, Scope of Course, Training Body.

13. Do you use agents, sub-contractors or franchisees for any pest control activities?

If **YES** please give company names **YES/NO**

14. Are you adequately covered by insurance to protect your business interests? We advise you consult your broker on the issue: **YES/NO**

14.1 Please indicate which of the following insurance policies are in force and the extent of liability cover together with the name of the insurer

Insurance	Policy Nos	Limit
<input type="checkbox"/> Employer's Liability		
<input type="checkbox"/> Public/Products Liability		
<input type="checkbox"/> Public Liability		
<input type="checkbox"/> Products Liability		

Name of Insurers

Name/Address of Brokers, if any:

ADMISSION TO THE ASSOCIATION IS DEPENDANT UPON THE APPLICANT HOLDING A MINIMUM OF €1.27 MILLION PUBLIC LIABILITY COVER AND A MINIMUM OF €12.7 MILLION EMPLOYERS LIABILITY COVER (WHERE APPLICABLE). THE ASSOCIATION RECOMMENDS THAT YOU, IN ADDITION, CARRY PRODUCT LIABILITY COVER. WITH REGARDS TO THIS AND THE NEED FOR ADDITIONAL COVER CONSULT YOUR BROKER.

15. Upon acceptance of your application, do you agree to comply with the IPCA Codes of Practice which as a minimum require compliance with the relevant statutory provisions pertaining to the Pest Control Industry?

YES/NO

16. Please supply any other information which you consider may be relevant to your application.

I, THE UNDERSIGNED, ON BEHALF OF THE COMPANY, HEREBY APPLY FOR MEMBERSHIP OF THE IPCA [IRISH PEST CONTROL ASSOCIATION] AND DECLARE THAT WE WILL COMPLY, ON BEING ELECTED, WITH ANY RULES AND REGULATIONS OF THE ASSOCIATION, CODES OF PRACTICE AND CONDUCT AS MAY BE ADOPTED BY THE IPCA AFTER SCRUTINY AND ACCEPTANCE BY MEMBERS AND WILL ABIDE BY THE DECISIONS OF THE EXECUTIVE BOARD MADE FROM TIME TO TIME IN PURSUANCE THEREOF.

IT IS THE INTENTION THAT ONCE IPCA HAS BEEN ESTABLISHED THAT A CODE OF PRACTICE/CONDUCT WILL BE DRAWN UP. AS A MINIMUM THIS WILL REQUIRE COMPLIANCE WITH THE RELEVANT STATUTORY PROVISIONS PERTAINING TO THE PEST CONTROL INDUSTRY, BUT IT MAY GO FURTHER. ONCE MEMBERS HAVE HAD THE OPPORTUNITY TO SCRUTINIZE AND VOTE ON SUCH A CODE YOUR BUSINESS WILL BE REQUIRED TO ABIDE BY IT. DO YOU AGREE TO ACCEPT THE TERMS OF ANY SUCH CODE OR, IF FOR ANY REASON YOU CANNOT, TO WITHDRAW FROM THE IPCA AND TO WAIVE ANY RIGHTS YOU MAY HAVE TO PURSUE ANY CLAIM, WHATSOEVER, HOWSOEVER ARISING AGAINST IPCA.

I DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE PARTICULARS I HAVE GIVEN ON THIS FORM ARE CORRECT AND COMPLETE.

NAME (BLOCK CAPITALS): _____

Signature: _____

Position in Company: _____

Date: _____

EXPLANATORY NOTES

Full membership of the IPCA is only open to incorporated companies, firms, partnerships and individuals engaged in the Republic of Ireland in the business of pest control in any aspects. Membership comes in three principle categories, Servicing companies; Manufacturers & Distributors and Pest Control Consultants.

On receipt of the application form, please check that it is appropriate for the category of membership for which you wish to apply. Complete the form and return it to: **IPCA, c/o Trade Associations Services Ltd, 1 Gleneagles House, Vernon Gate, South Street, Derby DE1 1UP England.**

1. MEMBERSHIP CRITERIA

In order to foster professional standards throughout the pest control industry, joining members engaged in pest control must meet the following criteria.

Please ensure that you can meet these criteria before sending in your application.

- 1.1 The business must have been actively trading for a minimum of 2 years. This may be evidenced by sight of a set of audited accounts or a statement from an accountant that the first year's accounts are in preparation. **IT IS NOT OUR POLICY TO ASK FOR A COPY OF YOUR ACCOUNTS TO BE RETAINED BY THE IPCA.**
- 1.2 Officers of the business must not be undischarged bankrupts.
- 1.3 All pest control technicians employed by IPCA members must hold a recognized qualification (IPCA Diploma or equivalent). Businesses' will be granted membership on the proviso that all technicians will have sat the examination within 1 year of appointment to membership.
- 1.4 The business must not sub-contract work involving the application of public health pesticides except to other IPCA members* (who will also be bound by the requirements of any future IPCA Code of Practice).
- 1.5 The business should carry adequate insurances the type and level of which will depend on the nature of the business.
 - Any business which employs persons should hold Employers Liability Insurance. A minimum of €12.7m is required.
 - Pest Control Servicing Companies should carry Public and Products Liability Insurance cover. A minimum of €1.27 m is required.

** This policy will be implemented as soon as practicable*

The IPCA will expect applicants to hold the above cover. Depending on the nature of the contracts held, the business of your clients or the work you carry out, insurance requirements may be greater. Consult your broker for his advice.

- 1.6 Applicants must undertake to abide by the requirements of any future IPCA Codes of Practice and the IPCA Code of Conduct.

2. HOW YOUR APPLICATION WILL BE PROCESSED

When the IPCA receives your completed application form the procedure shown below will be followed:

- 2.1 Receipt of your application form will be acknowledged.
- 2.2 All IPCA Board members will be notified of your application.
- 2.3 An IPCA technical officer will be appointed to process your application. He/she will be provided with a copy of your application form. Upon receipt of this document he/she will contact you direct.
- 2.4 The technical officer will arrange a meeting with you at your convenience, on your premises to discuss membership requirements, particularly those relating to legislation and Codes of Practice, to assess your business procedures. As part of this assessment we will also call upon you to take the technical officer to a site where you are currently undertaking pest control activities. This visit may not be necessary if you do not use, store or transport pesticides as part of your business.
- 2.5 The technical officer's report (if required) together with pages 1-3 of your application form will then be considered and a decision made.
- 2.6 Upon election to the Association you will be invoiced for a proportion of the annual subscription. This will be based on the number of complete months outstanding in the Association year (Jan to Dec).
- 2.7 You will also be required to pay a one off joining fee of €300.

It is planned that a direct debit scheme be introduced as soon as practicable. When the scheme has been established you will be provided with documentation if you wish to adopt this option.

- 2.8 On receipt of your subscription you will be sent the Association certificate, artwork for the IPCA logo for use on your stationery and you

will be placed on the IPCA membership mailing list.

UNDER NORMAL CIRCUMSTANCES THIS PROCEDURE WILL TAKE APPROXIMATELY TWO MONTHS

3. IPCA LOGO

PLEASE NOTE – The IPCA Logo is for the use of IPCA members only. Applicants are not entitled to use the IPCA logo or imply membership of the IPCA until their application has been accepted and their first subscription invoice has been paid.