

By completing and submitting this Application you agree to the Terms and Conditions of the scheme which can be found at www.arca.org.uk/cscs-cards
Once complete, please send your application to armicards@arca.org.uk
Once received, you will be sent confirmation of receipt.
For further information visit: www.arca.org.uk Helpdesk: **01283 505765**
***Required for virtual cards.**
N.B. A virtual card is available at no additional cost when applying for a physical card.

EMPLOYER DETAILS	
Company Name	Tel No.
Company Address	Email
	P.O. Number
	Contact for Payment
Postcode	

If no alternative address is provided below, all cards will be issued to the above address.

Payment
On receipt of this form ARCA will contact the person named above by telephone to arrange payment.
Cost is £30 including VAT per card application.
Payment may be made by debit/credit card, BACS transfer or cheque (made payable to ARCA Ltd).
Payment MUST be received before card(s) can be processed

EXAMPLE

Title: Mr Name: Jonathan Alistair Pilkington-Roberts DoB: 27.09.1978 NI No: YM123456Y Previous CSCS Reg: 3265987 Occupation: Asbestos Removal Manager

Full Home Address: Flat 46a, Winchester Gardens, Wellesbourne Road, Sherborne, Coventry, Warks CV23 21TB Mail Card to: (tick box) Company Address (as above) Home Address

Personal Mobile*: 07972 456 7890 Personal Email*: japilkington-roberts@btinternet.co.uk

Card: (tick box) New Physical: New Virtual: Renewal: Card Type: (tick box) Trained (red) Experienced Worker (red) Asbestos Removal Manager (black)

1

Title: Name: DoB: NI No: Previous CSCS Reg: Occupation:

Full Home Address: Mail Card to: (tick box) Company Address (as above) Home Address

Personal Mobile*: Personal Email*:

Card: (tick box) New Physical: New Virtual: Renewal: Card Type: (tick box) Trained (red) Experienced Worker (red) Asbestos Removal Manager (black)

2

Title: Name: DoB: NI No: Previous CSCS Reg: Occupation:

Full Home Address: Mail Card to: (tick box) Company Address (as above) Home Address

Personal Mobile*: Personal Email*:

Card: (tick box) New Physical: New Virtual: Renewal: Card Type: (tick box) Trained (red) Experienced Worker (red) Asbestos Removal Manager (black)

3

Title: Name: DoB: NI No: Previous CSCS Reg: Occupation:

Full Home Address: Mail Card to: (tick box) Company Address (as above) Home Address

Personal Mobile*: Personal Email*:

Card: (tick box) New Physical: New Virtual: Renewal: Card Type: (tick box) Trained (red) Experienced Worker (red) Asbestos Removal Manager (black)