

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.

EXAMPLE

Title:	Mr	Name:	Jonathan Alistair Pilkington-Roberts	DoB:	27.09.1978	NI No:	YM123456Y	Previous CSCS Reg:	3265987	Occupation:	Asbestos Removal Operative				
Full Home Address:	Flat 46a, Winchester Gardens, Wellesbourne Road, Sherborne, Coventry, Warks CV23 21TB									Mail Card to: (tick box)	Company Address (as above)	<input checked="" type="checkbox"/>	Home Address	<input type="checkbox"/>	
Personal Mobile*:	07972 456 7890		Personal Email*:	japilkington-roberts@btinternet.co.uk											
Card: (tick box)	New Physical:	<input checked="" type="checkbox"/>	New Virtual:	<input checked="" type="checkbox"/>	Renewal:	<input type="checkbox"/>	Card Type: (tick box)	Trained (red)	<input type="checkbox"/>	Experienced Worker (red)	<input checked="" type="checkbox"/>	Apprentice (red)	<input type="checkbox"/>	Skilled Worker (blue)	<input type="checkbox"/>

1

Title:		Name:		DoB:		NI No:		Previous CSCS Reg:		Occupation:					
Full Home Address:										Mail Card to: (tick box)	Company Address (as above)	<input type="checkbox"/>	Home Address	<input type="checkbox"/>	
Personal Mobile*:			Personal Email*:												
Card: (tick box)	New Physical:	<input type="checkbox"/>	New Virtual:	<input type="checkbox"/>	Renewal:	<input type="checkbox"/>	Card Type: (tick box)	Trained (red)	<input type="checkbox"/>	Experienced Worker (red)	<input type="checkbox"/>	Apprentice (red)	<input type="checkbox"/>	Skilled Worker (blue)	<input type="checkbox"/>

2

Title:		Name:		DoB:		NI No:		Previous CSCS Reg:		Occupation:					
Full Home Address:										Mail Card to: (tick box)	Company Address (as above)	<input type="checkbox"/>	Home Address	<input type="checkbox"/>	
Personal Mobile*:			Personal Email*:												
Card: (tick box)	New Physical:	<input type="checkbox"/>	New Virtual:	<input type="checkbox"/>	Renewal:	<input type="checkbox"/>	Card Type: (tick box)	Trained (red)	<input type="checkbox"/>	Experienced Worker (red)	<input type="checkbox"/>	Apprentice (red)	<input type="checkbox"/>	Skilled Worker (blue)	<input type="checkbox"/>

3

Title:		Name:		DoB:		NI No:		Previous CSCS Reg:		Occupation:					
Full Home Address:										Mail Card to: (tick box)	Company Address (as above)	<input type="checkbox"/>	Home Address	<input type="checkbox"/>	
Personal Mobile*:			Personal Email*:												
Card: (tick box)	New Physical:	<input type="checkbox"/>	New Virtual:	<input type="checkbox"/>	Renewal:	<input type="checkbox"/>	Card Type: (tick box)	Trained (red)	<input type="checkbox"/>	Experienced Worker (red)	<input type="checkbox"/>	Apprentice (red)	<input type="checkbox"/>	Skilled Worker (blue)	<input type="checkbox"/>

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