



IPCA
[IRISH PEST CONTROL ASSOCIATION]

MEMBERSHIP APPLICATION FORM

MANUFACTURERS & DISTRIBUTORS

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 trading in pesticides/pest control equipment 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 organisation?

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 manufacturing and/or distribution of public health pesticides and ancillary equipment does your company undertake?

11. Give total number of personnel

12. Do any of your staff apply pesticides as part of your company's business?

YES/NO

*IF **YES** GO TO QUESTION 13.1 IF **NO** GO TO QUESTION 14*

Qualifications

12.1 Do any of your staff hold any other relevant qualifications? If so, please specify

12.2 Do any members of staff carry out the application of pesticides?

12.3 Training Dates, Scope of Course, Training Body.

13. **Pesticide Storage & Transport**

13.1 Do you store pesticides?

YES/NO

If **YES**, what is your store's approximate capacity?

13.2 How do you consign pesticides to your customers?

13.3 Do you employ a qualified Dangerous Goods Safety Advisor (DGSA)?

YES/NO

14. **Insurance**

14.1 Are you adequately covered by insurance to protect your business interests? We advise you consult your broker on this issue:

YES/NO

14.2 Do you offer advice on the use of your products to your customers?

YES/NO

14.3 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		
<input type="checkbox"/> Professional Indemnity		

Name of Insurers

Name/Address of Brokers, if any:

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: **Helena Bracken, IPCA Secretary, 23 St. Brigid Square, Portarlinton, Co. Laois.**

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.
- 1.2 Officers of the business must not be undischarged bankrupts.
- 1.3 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 Liability Insurance cover. A minimum of €1.27 m is required.

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

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

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

2. HOW YOUR APPLICATION WILL BE PROCESSED

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

- 2.1 Acknowledge receipt of your application form.
- 2.2 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.
- 2.3 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.

- 2.4 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.

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.