



Memorial Mason Registration & Agreement

Name of Company:	
Name of Company Owner:	
Company Address:	
Telephone Number:	
Email address:	

I agree to adhere to all rules, byelaws, health and safety requirements, insurance liabilities, installation and maintenance specifications, inspection procedures and all other requirements laid down by this registration scheme.

I can confirm that I have submitted the documents below;

- Fixers Licenses (for all staff)
- BRAMM / NAMM Certification for current year
- Public Liability insurance

I also agree to pay the annual fee to become part of the approved stone masons scheme to enable me to work within St Helens and Newton-le-Willows Cemeteries

Signature of Company owner:	
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For office use only:

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|---------------------------------|--------------------------|---|--------------------------|
| Fixers Licenses (for all staff) | <input type="checkbox"/> | BRAMM / NAMM Certification for current year | <input type="checkbox"/> |
| Public Liability insurance | <input type="checkbox"/> | Payment Received | <input type="checkbox"/> |