

Auto-Rescue Logistics Limited



Mayleigh House, Kettering Road North, Northampton. NN3 6HH
Telephone : 01604 - 640917 **Fax : 01604 - 640970**

Network Service Provider Application - Vehicle Recovery

Company Name	_____
Address	_____
	_____ Post Code _____
Telephone Number	_____ Fax Number _____
e.mail	_____
Contact	_____ Position _____

(Please delete those sections in Italics that do not apply)

I / We hereby agree that *I / We* recognise the independent Standards Committee, as described in the five sections of document 1006, and established by Auto-Rescue Logistics Limited

I / We agree to abide by any decision and recommendation that this committee reaches in relation to services / invoices, that *I / We* have provided to Auto-Rescue Logistics Limited, their agents, or their customers.

Signed _____ Date _____

Name _____ Position _____

Company Name _____

Company Registration Number (Where Applicable) _____

- i. Please provide an organisation chart showing your company structure, depots, key staff positions, and give an emergency 24 hour mobile telephone number.
- ii If you have a company brochure or profile please enclose same when returning this document
- iii References :
 - (a) _____
 - (b) _____
 - (c) _____

QUESTIONNAIRE

YOUR BUSINESS

Do you provide a 24 hour service ?	YES / NO / Under review
Do you have a written Health and Safety Policy ?	YES / NO / Under review
Do you have a COSHH risk Assessment ?	YES / NO / Under review
Do you have a Health and Safety Risk Assessment ?	YES / NO / Under review
Do you have an environmental Policy ?	YES / NO / Under review
Do you have an environmental statement of objectives ?	YES / NO / Under review
Do you have written contracts of employment ?	YES / NO / Under review
Do you have ISO 9001 : 2000 or PAS 43 Accreditation ?	YES / NO / Under review
Do you run a computer system with Windows 98, 2000, etc ?	YES / NO / Under review
Do you currently operate via Turbo Dispatch ?	YES / NO / Under review
Do you operate a CCTV system on your premises ?	YES / NO / Under review
Are you a member of the RRRR / AVRO / RHA ?	YES / NO / Under review
Do you have a written induction programme for new staff	YES / NO / Under review
Are written records kept of staff training	YES / NO / Under review
Are all recovery vehicles & equipment certificated (LOLER)	YES / NO / Under review

YOUR STAFF

Are all drivers trained and certificated in the following :	
ADR / Hazchem	YES / NO
Lorry Loader Crane	YES / NO
Safe Working Practices	i Slide beds YES / NO
	ii Spectacle Lifts YES / NO
	iii HGV Recovery YES / NO
First Aid	YES / NO
Driver Training	i Defensive Driving Techniques YES / NO
	ii Induction Programme YES / NO
	iii Practical Examination YES / NO
Use of Safety Equipment	YES / NO

HGV RECOVERY

This section is to be completed only if you are applying for HGV Network Services	
Please state location of premises in relation to nearest primary routes. eg Motorway Junction number, Dual Carriageway intersection, or A route / Town _____	

Please provide brief details of all heavy recovery vehicles _____	

How many HGV units can you store in secure external compound ? _____	
Do you provide maintenance & service facilities ? _____	

Additional facilities / services available _____	

Are recovery technicians certificated for ADR / Hazchem ?	YES / NO / Under review
Are recovery technicians certificated for First Aid ?	YES / NO / Under review
Do your premises meet the criteria ? (See terms & conditions)	YES / NO / Under review
When was your business established _____	

Additional Information _____

LIGHT RECOVERY

This section is only to be completed if you are applying for Light Recovery Network Services

Please state location of premises in relation to nearest primary routes. eg Motorway Junction number, Dual Carriageway intersection, or A route / Town _____

Provide details of Full Lift Accident vehicles / equipment _____

Please provide details of all light recovery vehicles _____

How many vehicles can be stored under secure cover ? _____

How many vehicles can be stored externally in a secure compound ? _____

Do you provide Service / maintenance / repair facilities ? _____

What facilities do you have ? _____

Provide details of any 4 W/D service / recovery vehicles _____

Do you have motorcycle recovery facilities ? YES / NO / Under review

Are recovery technicians certificated for First Aid ? YES / NO / Under review

Do your premises meet the criteria ? (See terms & conditions) YES / NO / Under review

When was your business established ? _____

Insurance (Please provide current policy details)

Insurance Company / Broker _____

Policy Number _____ **Renewal Date** _____

Public Liability Cover _____ **Employee Liability Cover** _____

Damage and theft of vehicles and property limit _____

Single Incident Limit _____ **Road Traffic Act liability** _____

Damage to customers vehicle and contents (All Risks) _____

Copies of the following documents should be attached to this application where available:

Copy of Insurance Certificate	Enclosed	YES / NO
Health and Safety Policy	Enclosed	YES / NO
COSHH Risk Assessment	Enclosed	YES / NO
Health and Safety Risk Assessment	Enclosed	YES / NO
Environmental Policy & statement of objectives	Enclosed	YES / NO
Environmental Working Plan	Enclosed	YES / NO
Insurance Policy	Enclosed	YES / NO
ISO Certificate	Enclosed	YES / NO
Association membership certificate	Enclosed	YES / NO
Quality System Certificate (ISO 9001:2000 / PAS 43)	Enclosed	YES / NO
ADR / Hazchem certificates	Enclosed	YES / NO
First Aid certificates	Enclosed	YES / NO

Declaration

I/ We believe the information contained within this application form to be true and accurate.

Signed _____ Date _____

Name _____ Position in Company _____