

# Questionnaire, Memorial Masons Registration Scheme



This Questionnaire must be completed and submitted with your Application for a Licence.

Criteria for all applicants for a Memorial Licence.

A Vendor

B Erector/sub-contractor

**ONE BOX MUST BE TICKED**

## **ALL QUESTIONS MUST BE ANSWERED**

- 1 Are you primarily involved in memorial masonry, or do you have a dedicated memorial masonry department? Yes/No
- 2 Do you sub-contract any Cemetery based work to one or more other companies/individuals? Yes/No
- 3 If you do sub-contract, are these sub-contractors licensed to work in Craven District Council Cemeteries? Yes/No
- 4 Do you have a current copy of NAMM's Code of Working Practice? Yes/No
- 5 Do you agree to abide by the Council's Rules and Regulations and accept that in the event of any complaint, the decision of the Council is final? Yes/No

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| 6  | Can you assure the Council that at no time will you or any one employed by you work on Council property without suitable experience or qualification, or be under supervision of someone who is suitably experienced or qualified for the task in hand, so that all fixings and work is done in accordance with the NAMM Code of Working Practice? | Yes/No                                    |
| 7  | Are you able to offer the customer, at the time of purchase, an adequate opportunity to inspect the memorial, on the premises (or in other branches, if applicable), or a reasonable template and material sample (this is to include lettering)?  | Yes/No                                    |
| 8  | Are you willing to prove to an assessor approved by Craven District Council that you, or your company are capable of lettering and fixing a memorial to the standards required by the NAMM Code of Working Practice and the Council Rules and Regulations?   | Yes/No                                    |
| 9  | Have you or anyone employed by you been banned from working in any Cemetery or burial site in the UK within the last 2 years?  | Yes/No<br>(if yes please provide details) |
| 10 | Can you offer comprehensive memorial advice, insurance and maintenance contracts?  | Yes/No<br>(If yes please provide copies)  |

Signed:

\_\_\_\_\_ *Authorised Signatory*

Authorised for and behalf of:

\_\_\_\_\_

Name:

Date

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