



# **BRAMM FIXER LICENCE**

# **APPLICATION FORM**

**Post your application to:**

BRAMM  
8 The Crescent  
Taunton  
Somerset  
TA1 4EA

Tel: 01788 544963  
Fax: 01823 253681

# APPLICATION FORM

## BRAMM FIXER LICENCE

PLEASE PRINT CLEARLY IN BLOCK CAPITALS

TRADING NAME OF BUSINESS.....  
BRAMM BUSINESS ACCREDITATION NO. ....  
ADDRESS.....  
..... TOWN .....  
COUNTY..... POST CODE .....  
TEL NO ..... FAX NO .....  
EMAIL ADDRESS .....  
CONTACT NAME .....

PLEASE LIST BELOW THE NAMES OF ANY EMPLOYEES (INCLUDING YOURSELF)  
THAT YOU WOULD LIKE TO BE ACCREDITED.

1. PLEASE INCLUDE 3 RECENT PASSPORT PHOTOGRAPHS FOR EACH APPLICANT
2. PLEASE INDICATE THE NAME ON THE REVERSE OF THE PHOTOGRAPH
3. ENSURE THAT THEY ARE DATED AND SIGNED ON THE REVERSE BY A DIRECTOR OF THE COMPANY.
4. PLEASE INCLUDE A COPY OF EACH FIXER'S QUALIFICATION

**FIXER**

1. FULL NAME OF APPLICANT .....

Is the applicant employed by the Parent Company above? YES/NO

If NO please give Name and Address of Branch:-

.....

..... TOWN .....

COUNTY..... POST CODE .....

TEL NO ..... FAX NO .....

EMAIL ADDRESS ..... DATE OF BIRTH.....

2. HAS THE FIXER EVER BEEN BARRED FROM PERFORMING WORK IN ANY BURIAL GROUND, WHETHER IN A COUNCIL'S AREA OR ELSEWHERE WITHIN THE LAST 2 YEARS?

YES/NO

IF YES, PLEASE SUBMIT DETAILS.

3. PLEASE INDICATE WHICH NAMM ACCREDITED GROUND ANCHOR OR GROUND ANCHOR THAT HAS BEEN APPROVED BY THE BRAMM BOARD YOU WILL BE USING ON THE DAY OF THE ASSESSMENT.

.....

5. IS THIS FIXER A SUB-CONTRACTOR OR SELF EMPLOYED? YES/NO

6. SIGNATURE OF FIXER.

.....

**FIXER**

1. FULL NAME OF APPLICANT .....

Is the applicant employed by the Parent Company above? YES/NO

If NO please give Name and Address of Branch:-

.....

..... TOWN .....

COUNTY..... POST CODE .....

TEL NO ..... FAX NO .....

EMAIL ADDRESS ..... DATE OF BIRTH.....

2. HAS THE FIXER EVER BEEN BARRED FROM PERFORMING WORK IN ANY BURIAL GROUND, WHETHER IN A COUNCIL'S AREA OR ELSEWHERE WITHIN THE LAST 2 YEARS?

YES/NO

IF YES, PLEASE SUBMIT DETAILS.

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6. SIGNATURE OF FIXER.

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# BRAMM

## British Register of Accredited Memorial Masons

8 The Crescent, Taunton, Somerset. TA1 4EA

Tel: 01788 544963

Fax: 01823 253681

E-mail: bramm@bramm-uk.org

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### DECLARATION

1. I have enclosed 3 recent passport photographs for each fixer dated and signed on the back by a Director of the company. (Please also name each fixer on the reverse.)
2. I have enclosed a copy of each fixer's qualification.
3. I enclose a payment of £25 + VAT for each fixer, payable to BRAMM, and I understand that this is not refundable.

Signed: ..... Date: .....

Name: ..... (Please print)

Position:.....

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#### Supporting Organisations



**British Register of Accredited Memorial Masons**

Scheme Administered by:

BRAMM  
8 The Crescent  
Taunton  
Somerset  
TA1 4EA

Tel: 01788 544963

Fax: 01823 253681

E-mail: [bramm@bramm-uk.org](mailto:bramm@bramm-uk.org)

Web site: [www.bramm-uk.org](http://www.bramm-uk.org)

Fixer Licence Application (2) 10/02