



# APPLICATION FOR REGISTRATION OF MEMORIAL MASONS

## INTRODUCTION

As part of the Council's Bereavement Services initiative on unsafe memorials, a licensing procedure for Masons has been formulated in relation to the erection of memorials in the Council's Cemeteries.

The Council has a statutory duty to ensure public safety and has the power to do all things proper for the maintenance of its Cemeteries and Crematorium.

In licensing Memorial Masons to do works within the Cemeteries, the Council will licence only those fit and proper persons who work within the National Association of Memorial Masons Code and hold recent, full retail or fixers membership and those who have completed the attached Questionnaire to the approval of the Council.

Each Memorial Mason must complete both the Application Form and Questionnaire and agree to comply with the attached Licensing Conditions which include an obligation to comply with the NAMM/BRAMM Code and Council's Rules and Regulations. All Memorial Masons are required to indemnify the Council in respect of their work.

Type of Business (see page of definitions)	
Name of Individual or Trading Name	
Address and telephone number of registered office	
Email address	

## INSURANCE

Please provide copies of your current Employers and Public and Product liabilities insurance cover with a reputable insurer (Minimum £5 million cover for any one claim).

Attached Yes/ No

## NATIONAL ASSOCIATION OF MEMORIAL MASONS

Please supply a copy of your recent NAMM OR BRAMM Certificate of Registration Number (for full retail membership and/or fixers licence) if you have one.

Attached Yes / No

If you are not a member of NAMM OR BRAMM please supply details of your registered fixer and a copy of their NAMM or BRAMM certificate of Registration

Name of Fixer	
Is there Certificate attached:	Yes / No

## GUARANTEE

Please supply a copy of the type of guarantee issued to the Applicant on completion of the memorial work.

You are required to supply a copy for each memorial that is installed as part of the registration requirements.

Attached Yes / No

## DECLARATION

I certify that the information provided in this Application Form are true. I understand that the provision of false information may result in the withdrawal of my licence and my exclusion from permission to enter on to the Council's land in order to carry out work in its Cemeteries. I undertake to provide you with any details of changes in the information give on this form as soon as possible.

I agree to be bound by the Council's Licensing Conditions, which are attached.

Signed:

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

Authorised for and behalf of:

Name:

Date

\_\_\_\_\_  
\_\_\_\_\_