

Dear Applicant

With regard to your recent request to exchange your Blue CPCS Plant Operator's Card for a FAS CSCS Plant Operator Card, please find enclosed an application form for same.

Please complete the form and return together with a **colour** copy (front and back) of your current CPCS registration card and a signed passport photo.

**Card must be in date at time of application.**

Enclose either Euro (€) Cheque, bank draft or postal order for €23 made payable to FÁS CSCS. **Please do not send cash.**

Return address:

CSCS Changeovers  
FAS STB Support Unit  
27-33 Upper Baggot Street  
Dublin 4  
Ireland

Yours faithfully

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STB Support Unit

## APPLICATION FOR REGISTRATION CARD

### FÁS CONSTRUCTION SKILLS CERTIFICATION SCHEME (CSCS)

PLEASE COMPLETE THIS FORM AND RETURN IT TO FAS

**PERSONAL DETAILS:** (please use a black ball-point pen and BLOCK CAPITALS)

**NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**FULL HOME ADDRESS:** \_\_\_\_\_  
 (This is the address that the card will be posted to)

**YOUR DAYTIME CONTACT TELEPHONE NO:** \_\_\_\_\_

**CURRENT EMPLOYER DETAILS:**

**NAME:** \_\_\_\_\_  
**FULL POSTAL ADDRESS:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **FAX NO.:** \_\_\_\_\_

**1 PHOTO - please sign the back of the photo and staple it to this space**

**INCOMPLETE APPLICATION FORMS WILL BE RETURNED**

please ensure that you have included

- Full Personal and Employer Details
- Name of the Trainer
- SAFEPASS Reg. No. or photocopy of your SAFEPASS card
- A signed passport photo
- Your PRSI No. (see top)

**Evidence of Safe Pass Training**

Current Safe Pass Reg. No.: \_\_\_\_\_

Tutor Name \_\_\_\_\_

Venue and Date of Course \_\_\_\_\_

CSCS SKILL(S) FOR WHICH YOU HAVE RECEIVED CERTIFICATION				NAME OF TRAINER/ TRAINING ORGANISATION & COURSE VENUE	DATE COURSE COMMENCED		
Skill	Code	Renewal	Day		Month	Year	

**DECLARATION WHICH MUST BE SIGNED**

I declare that the information given in this form is correct to the best of my knowledge and belief.  
 I understand that this information may be furnished to interested bodies

**APPLICANT'S SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

FOR FAS USE ONLY	DATE + DETAILS	SIGNED OFF BY
N3 FORM NO.		
QUERY OR COMMENT		
FORWARDED FOR PRINTING		
RETURNED FROM PRINTING		
REGISTRATION CARD ISSUED		

CARD RENEWAL DATE: \_\_\_\_\_ REG. No. \_\_\_\_\_

Please return to: **FÁS Services To Business Unit, PO Box 456, 27/33 Upper Baggot Street, Dublin 4.**