



**BASIS® (REGISTRATION) LIMITED  
STRICTLY CONFIDENTIAL**

AN INDEPENDENT REGISTRATION SCHEME FOR THE PESTICIDE INDUSTRY

**APPLICATION FOR REGISTRATION OF BASIS RAMPS SCHEME**

COMPANY NAME .....

CORRESPONDENCE ADDRESS .....

.....

.....

..... POST CODE.....

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

EMAIL.....

NAME OF DIRECTOR OR OTHER  
SENIOR EXECUTIVE RESPONSIBLE  
FOR IMPLEMENTING THE SCHEME .....

I, the undersigned, agree to abide by the requirements of the BASIS RAMPS Scheme and to observe the decisions of the Registration Board made from time to time.

I hereby certify that the premises/equipment forming the subject of any application for provisional registration now comply, to the best of my knowledge, with all of the legislative requirements, including consultation with the Fire Prevention Officer, Environment Protection Officer of the relevant Environment Agency (EA in England & Wales, SEPA in Scotland and NIEA (Northern Ireland) and the Crime Prevention Officer and that Local Authority approval, where required, has been obtained.

SIGNED ..... DATE .....

ON BEHALF OF .....

**Please return to: BASIS (Registration) Ltd,  
St Monica's House Business Centre,  
(37-39) Windmill Lane,  
ASHBOURNE,  
Derbyshire. DE6 1EY**

BASIS Registration
NO:.....
<b>OFFICE USE ONLY</b>

Particulars of premises where Pest Control Products are stored and names of relevant staff based at premises. **(Please complete a separate form for each additional location where crop protection products are stored.)**

ADDRESS OF PREMISES .....

TELEPHONE NUMBER .....

NOMINATED STORE KEEPER (if over 200Lts/Kgs) .....

BASIS CERTIFICATE NUMBER (for advice -if held) .....

NUMBER OF STAFF EMPLOYED AT THIS LOCATION .....

NAME OF PERSON YOU WISH TO BE PRESENT AT FIRST ASSESSMENT .....

TELEPHONE NUMBER ..... ARE PREMISES OPEN ALL YEAR ROUND? .....

HAVE THE PREMISES BEEN PREVIOUSLY REGISTERED WITH BASIS? .....

IF SO, UNDER WHAT COMPANY NAME? .....

TOTAL AREA OF PREMISES ..... TOTAL AREA OF STORAGE .....

CONTAINER STORE **..YES/NO** SIZE OF ALUMINIUM PHOSPHIDE STORAGE CONTAINER .....

NATURE OF BUSINESS CONDUCTED (state YES or NO)

	Storage	Transport	Contract
Agrochemicals (Part II)			
Feedstuffs / Supplements			
Fertilisers			
Animal Health Products			
Seeds (Specify)			
Grain			
Other Commodities			
Compounding Feedstuffs			
Seed Treatment (Part III)			
Metallic Phosphides			

Have you consulted the following authorities?

**YES**

**NO**

a] Building Regulations Section of the  
Local Authority Planning Department



b] The Local Fire Authority



c] The Local Environment Agency



d] Crime Prevention Officer



e] Your own insurers

**NAME OF ENVIRONMENT AGENCY** *(Please delete as appropriate and specify region)*

Environment Agency (England/Wales) ..... Region  
Scottish Environment Protection Agency ..... Region  
Environment Agency Northern Ireland ..... Area Office

**SITING OF AGROCHEMICAL STORE**

Indicate proximity of store to the following:

- |                             |                        |
|-----------------------------|------------------------|
| a] Industry (specify) ..... | e] Shopping Area ..... |
| b] Domestic Property .....  | f] Hospitals .....     |
| c] Watercourses .....       | g] Schools .....       |
| d] Public Drains .....      |                        |

Is there a flood risk at any time of the year? .....

Is there an office within working distance? .....

**DESCRIBE THE BUILDING CONSTRUCTION**

**Materials**

Floor ..... Is it easily cleaned? .....

Walls ..... Roof .....

**Are Metallic Phosphides stored in a locked metal container away from areas of public access?** Yes / No

**I, the undersigned, declare that the information given is correct, to the best of my knowledge.**

SIGNED ..... Please print name.....

Position held in company ..... Date .....