**Charge Point Operators Registration Form Rev. 01- Stage 1**

Date: 05/05/22

This is the Form which must be completed and returned to SEAI for Companies wishing to participate on the EV Apartment Charging Scheme.

All registering companies must provide the following information. Please note incomplete or missing forms will result in your registration being declined and all forms being returned to you for resolution. Please use the check list to ensure you have included all the required information.

**CHECK LIST BEFORE SUBMISSION:**

|  |  |
| --- | --- |
| **Registration Form Enclosed** |  |
| 1. All sections completed
 |  |
| 1. Signed and dated by key contact
 |  |
| 1. Company name matches the name on the registration form
 |  |
| 1. Tax compliant (i.e. have a valid Tax Clearance Access Number)
 |  |
| 1. Company must be currently registered with Companies Registration Office
 |  |
| 1. Document attached outlining Company Capabilities (as requested in Section 4)
 |   |
| 1. Declaration of Insurance Form Enclosed
 |   |
| 1. Insurance is up to date
 |  |
| 1. Insurance form stamped by Insurer / Broker (we will not accept a copy of a policy)
 |  |
| 1. Company Name & Address on Insurance form must match Company Name & Address on registration form
 |  |

**The completed Registration Form and any associated documents should be returned in electronic format to:**

**EVChargers@seai.ie**

**Please use Block Capitals when completing this form and complete all sections.**

1. **Company Details:**

|  |  |
| --- | --- |
| **Company /Trading Name**  |  |

1. **Key Contact Details:**

|  |  |
| --- | --- |
| **Title** |  |
| **Forename**  |  |
| **Surname**  |  |
| **Address**  |  |
|  |
| **County**  |  | **Eircode**  |  |
| **Email**  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Website** |  |
| **Telephone** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Mobile**  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Please Note:**

* Registered companies are obliged to maintain an active e-mail address to ensure that they are kept informed of procedural communications, scheme notices and information requests.
* The email address provided above will be the ONLY email address by which SEAI will communicate with you.

1. **Business Details:**

|  |  |
| --- | --- |
| **Applicant Tax Reference number**  |  |
| **Tax Clearance Access Number**  |  |
| **Companies Registration Office (CRO) number** |  |

1. **Company Capabilities (Product, Services and Staff) & Subcontracting Support Details (please attach a separate document and use the questions below as headings in your response – this section will be used to gauge your suitability for qualification to the Charge Point Operators Register, SEAI may contact you for further evidence of clarification):**

|  |
| --- |
| **4.1 Please describe your preferred technical solution (you may attach a separate document/pdf/powerpoint with drawings and layouts to help explain)** |
| **4.2 List the protocol used for communication between the charge point and the central control unit (OCPP or other (describe))** |
| **4.3 List EV Charger OEM manufacturer name and product which you primarily intend to install under this Scheme:** |
| **4.4 Please provide a description of the Billing System and Back Office system which will be used to monitor energy consumption and provide support to customers. Identify any Subcontractors or Service providers engaged in delivering this component. Provide links to any apps which will be used by Customers. You may attach the information in a separate document/pdf/powerpoint and provide links to videos or photo demonstration of back-office system showing customer support, billing and monitoring.**  |
| **4.5 Outline the maintenance services which will typically be supplied as part of an service agreement with an apartment/MUD location under this Scheme. Identify any partners used to deliver this service and explain how a Customer may engage this service if their Charge Point is malfunctioning.** |
| **4.6 Past Experience – list relevant EV Charging projects which have been completed in the last 2 years.** |
| **4.7 List Staff and key qualifications employed by your Company. For electrical works staff please identify the number of Registered Electrical Contractors (RECs) as follows:****e.g.****Electrical Installers = 10 (of which 6 are Registered Electrical Contractors and 4 are trainees)****Customer Support = up to 4****IT systems = 3****Maintenance = 2** |
| **4.8 List any preferred Subcontractors and their service expertise which you intend to engage in the delivery of your EV Charging projects under this Scheme. Note actual subcontractors chosen for EV Charging Applications may vary and the list below will be treated as provisional.****E.g.** **“Builder #1” – Civil Construction,** **“Electrical Contractor #1” – Electrical Works,** **“Electrical Design Specialist” – Electrical Design and Layout etc.****“Civil Engineering Contractor” – Civil Design & Planning advice etc** |

1. **TERMS AND CONDITIONS**

Please note, SEAI will use a two Stage CPO registration process in these early stages of the Apartment Charging Scheme.

**Stage 1** - Once you have provided all of the information from the sections preceding and succeeding Section 5, SEAI will review this. If you have passed this Stage 1 review, you will be listed temporarily on the CPO Registered List on SEAI’s website.

**Stage 2** - SEAI will then issue you with the full Terms and Conditions for participation on the CPO Register List which you will be invited to review and sign. Then you will be formally registered on the list and bound fully by its terms and conditions.

**I, for and on behalf of the Company, confirm that all information I have provided is correct and up to date, I understand that SEAI may contact me for further clarification or additional data to support my application.**

Company name:

(BLOCK CAPITALS)

Signature of Key Contact (as per Section 2)

Name of Key Contact (BLOCK CAPITALS)

Date:

**The completed Registration Form and any associated documents should be scanned and returned in electronic format to:**

**EVChargers@seai.ie**

**FOR OFFICE USE ONLY**

|  |  |  |
| --- | --- | --- |
| **Staged** | **Initialed** | **Date** |
| 1. Form checked |  |  |
| 2. Rejected Form Checked |  |  |
| 3. Form Input |  |  |
| 4. Input audited |  |  |
| 5. Amended/Updated |  |  |

# Declaration of Insurance

This form must be completed by a Registered Insurance Broker or Agent or an Insurance Company licensed to issue cover in the Republic of Ireland, as approved by the Financial Regulator.

We hereby certify that the under-mentioned company holds the indicated insurances including the minimum standards as indicated/required by the Sustainable Energy Authority of Ireland (SEAI) for participation as a Registered Company under the EV Apartment Charging Scheme. Policy documents and current renewal receipts must be available for inspection.

## Insured Details

|  |  |
| --- | --- |
| Name of Company insured: |  |
| Address of Company insured: |  |
| Full Business description (as per policy): |  |
| The Company insured is covered under their policy to carry out the following work: | Installation of Electric Vehicle charging infrastructure, cabling and equipment? | Yes/No |
| EV Charge point maintenance and ongoing user customer support? | Yes/No |
| Number of Persons Employed: |  |

**Employers Liability Insurance**

|  |  |
| --- | --- |
| Insurers: | Policy No. |
| Cover start date: | Expiration date: |

* Policy provides an indemnity limit of not less than €13,000,000 any one event
* Jurisdiction includes Republic of Ireland
* Indemnity includes accidents occurring anywhere in Ireland
* Policy is current and the premium has been paid

## Public / Products Liability Insurance

|  |  |
| --- | --- |
| Insurers: | Policy No. |
| Cover start date: | Expiration date: |

* Policy provides an indemnity limit of not less than €6,500,000 any one event for Public Liability and not less than €6,500,000 in the aggregate for Products Liability
* Jurisdiction includes Republic of Ireland
* Indemnity includes accidents occurring anywhere in Ireland
* Policy is current and the premium has been paid

## Insurance Company or Broker’s or Agent’s Details

|  |  |  |
| --- | --- | --- |
| Name |  | Insurance Company or Broker or Agent’s Stamp |
| Signed |  |
| Position / Status |  |
| Date |  |