



Dear Valued Customer,

Subject: Application to extend an NPORS Trained Operator Card

Your NPORS CSCS Trained Operator card is due to expire on 29/02/2020. Please be aware that you are required to have achieved the relevant (S)NVQ with the units appropriate to the machine types you hold on your card in order to transfer them to the NPORS CSCS Competent Operator card

If you have not yet been able to achieve the relevant (S)NVQ, you may apply for an extension of your existing trained operator card for a period of 12 months. This extension period is designed to allow you time to achieve the requisite (S)NVQ in a timely fashion and in doing so apply to transfer to the NPORS CSCS Competent Operator card. However, in order to apply for an extension, you must first be registered with an NVQ Awarding Body for the (S)NVQ that you require and then complete the attached appeal form

Please be advised that if you are granted an extension to your existing card but do not achieve the requisite (S)NVQ by the end of the 12-month period you will not be allowed to apply for another NPORS CSCS trained operator card. In this case you will be required to first achieve the relevant (S)NVQ, be skills tested by an NPORS Accredited Training Provider on the relevant machine types and then apply for the NPORS CSCS Competent Operator Card

Please note that when returning your completed form, you must also enclose the non-refundable fee of £25.00 plus VAT

Yours sincerely

Operator Registration Department
NPORS Ltd

NPORS Limited

PO Box 204, Cheshire CW9 7FY

t: 01606 351240 e: info@npors.com www.npors.com

Registered in England & Wales 3427694



NPORS®

Application to extend an NPORS Trained Operator Card

Operators Name:	Date of Birth (DD/MM/YYYY):
National Insurance No:	Operators Telephone No:
NPORS Reg No:	NPORS Card Expiry:

Operators Home Address:	
	Postcode:

Return Address (If different to home address):	
	Postcode:

(S) NVQ Registration Number and details of Awarding Body:

Operators Signature:	Date:
----------------------	-------

Payment Details		
Payment made or to be made by:	Operator	Employer
Payment Contact Number:		
Payment Email Address:		
Payment Method:	Card Payment	BACS - ref:

Please ensure the 'Return Address' section has been complete.

Bank Details	
Bank: Barclays	Sort Code: 20-01-96
Account Name: NPORS	Account No: 30012785

OFFICIAL USE ONLY	
CS No:	Invoice No:
Payment Received:	Date Received:
PO No:	Date Registered: