

Section 1 - Contact Details

Main Contact

Company Name

Company Address

Company Registration No. Telephone

Email

If the invoice details are different to above, please complete below

Main Contact

Company Name

Company Address

Company Registration No. Telephone

Email

VAT Number

Guidance Notes

These are the details of who will be contacted for information and who the quotation will be sent to

These are the details of the company who will be paying the invoice

Section 2 - Services Requested

Construction Site FRA	<input type="checkbox"/>	Construction Site Passive Fire Safety Inspections	<input type="checkbox"/>
Pre-handover Fire Safety Inspection	<input type="checkbox"/>	Occupied Premises Passive Fire Safety Inspections	<input type="checkbox"/>
Occupied Premises FRA	<input type="checkbox"/>		
Fire Risk Appraisal of External Walls (FRAEW)	<input type="checkbox"/>		
EWS1 Form	<input type="checkbox"/>		
EWS1 Form - Review and Reissue	<input type="checkbox"/>		
EWS1 Cover Letter	<input type="checkbox"/>		

Please select all the different services you would require a quotation for

Section 3 - Project Details

Premises Name

Premises Address

Project Sector

- | | | | |
|--------------|--------------------------|------------------------------|--------------------------|
| Education | <input type="checkbox"/> | Mixed Use | <input type="checkbox"/> |
| Residential | <input type="checkbox"/> | Office | <input type="checkbox"/> |
| Healthcare | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| Retail | <input type="checkbox"/> | <i>If other, please note</i> | |
| Distribution | <input type="checkbox"/> | <input type="text"/> | |

Project Type

- | | | | |
|-----------|--------------------------|----------|--------------------------|
| New Build | <input type="checkbox"/> | Existing | <input type="checkbox"/> |
|-----------|--------------------------|----------|--------------------------|

Listed Building

- | | | | |
|-----------|--------------------------|----------|--------------------------|
| Grade I | <input type="checkbox"/> | Grade II | <input type="checkbox"/> |
| Grade II* | <input type="checkbox"/> | N/A | <input type="checkbox"/> |

Please select the sector this project relates to and indicate the type of project

Please leave this blank if the building is not listed

Please provide a description of the premises:

Please include as much detail as possible including items such as: Number of Floors, Number of Units, Number of separate blocks, etc.

Anticipated start date of KFS work

Anticipated date of completion of KFS work

Anticipated start date of construction

Anticipated completion date of construction

Is the building over 18m in height (to the top floor)? Yes No

Is the building between 11m and 18m in height? Yes No

What are the main construction materials to be used?

Will applications for funding be submitted to a Government Scheme? Yes No N/A

Section 4 - Information Required

Have you provided the following documents?

General Arrangement Plans	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Sections & Elevation Plans	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Site Plan	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Relevant Health and Safety	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Please tick to confirm that you have supplied the relevant plans with your request

Section 5 - How Did You Hear About Us?

Please select the most applicable

Web Search	<input type="checkbox"/>
Recommendation	<input type="checkbox"/>
Social Media (e.g. LinkedIn)	<input type="checkbox"/>
Worked with Previously	<input type="checkbox"/>

Section 6 - Additional Information

Please use the space below to provide any additional information that you believe would support your request