RPZ Tester details

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| --- | --- | --- |
| **Personal Details** |  |  |
| Name |       |  |
| Tester Certificate No |       |  |
| Type of test  | Click to select test method from list |  |
| Home Address |       | *Please note home address and contact details are only held to allow WRAS to contact you direct rather than through your employer and for no other purposes.* |
|  |       |
|  |       |
|  |       |
|  |       |
| Post Code |       |
| Telephone No |       |  |
| Email |       |  |
| **Employer details** |  |  |
| Company Name |       | *Employer details are those which may be used on the website search facility where permission is granted.* |
| Company Address |       |
|  |       |
|  |       |
|  |       |  |
|  |       |  |
| Post Code |       | *Without a valid post code, details will not be displayed correctly on the website search facility.* |
| Telephone No |       |
| Fax No |       |
| Email |       |  |

**PERMISSION TO USE YOUR INFORMATION**

As part of WRAS listing of RPZ testers, we will allow members of the public to access selected contact information about your company and the names of individual RPZ testers employed as part of the search facility. By ticking one of the following boxes you give permission for WRAS to hold and use your details only in one of the following ways.

WRAS reserves the right to amend or remove details from the listing and will endeavour to contact testers prior to making any changes. In some situations this may be undertaken without prior notice.

[ ]  **Please tick this box to allow WRAS to publically list your company and selected details.**

[ ]  **Please tick this box if you wish your details to be held by WRAS for verification purposes only.
(i.e. to be recognised but not for display in the public search facility)**

[ ]  **Please tick this box if you are no longer testing and wish your details to be removed from the list.
I DO NOT ALLOW WRAS to use or retain my details.**

Signature ………………………………………………………………………… Date ……………………………………………..