



**FBCA**  
Federation of Burial  
& Cremation Authorities

## Application to join the Register of Certified Cremator Technicians

Forenames (in full) \_\_\_\_\_

Surname \_\_\_\_\_

\*Home Address \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

\*Mobile \_\_\_\_\_ \*Email \_\_\_\_\_

Name of Crematorium where employed \_\_\_\_\_

Job title \_\_\_\_\_

- I have read and understand the FBCA Code of Cremation Practice and the Terms and Conditions of the Registration Scheme and agree to abide with conditions therein.
- I agree to my name, photographic ID and qualification status being included on the Register of TEST Certificate of Proficiency Candidates/Holders which will be accessible to FBCA Officers and Officers of FBCA Members.
- I understand that to retain current registration status I will be required to register 10 cremation records annually, and to complete one piece of CPD every two years.
- I attach a copy of my TEST/CTTS certificate
- **I already have TEST photo ID**  
**OR**
- I attach a recent digital head and shoulders photograph to be used on my ID card.
- I attach a photograph of my driving license/passport (for identification purposes only)

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Please Note:

- Address, email, and telephone number for FBCA officer use only, these details are for identification purposes, including checking against the technician's original file and for personal contact in the event of a query only.
- The Register will contain the technician's name, photographic ID, date of qualification, and status on register.

Please send completed form to the Training & Development Manager Liam Bennett on  
[training@fbca.org.uk](mailto:training@fbca.org.uk)