Scottish Government

The Welfare of Animals at the Time of Killing (Scotland) Regulations 2012

Application for a Certificate of Competence

This form is for an application for a Certificate of Competence under The Welfare of Animals at the Time of Killing (Scotland) Regulations 2012. Before completing this application please read the guidance notes.

Applicant Details	
First Name:	
Surname:	
Address:	
City/County:	
Postcode:	
Country:	
Date of Birth:	
E-mail address:	
WASK / CoC Ref. No. *(if applicable)*	
Plant approval No. (if applicable)	

I declare that I have not:

(i) been convicted of an offence under EU or national law on the protection of animals prior to the three years preceding the date of application;	
(ii) been refused a licence to slaughter or kill animals under the 1967 Act, the 1974 Act, any regulations made under those Acts or the 1995 Regulations, or	
(iii) had any such licence to slaughter or kill animals revoked or suspended.	
(iv) provided any information which I know to be false or misleading for the purpose of obtaining a Certificate of Competence to slaughter or handle animals.	

(If you answered No to any of the above, this does not exclude you from receiving a Certificate of Competence. Please contact your Authorised Veterinarian to discuss further.)

A copy of this application should be retained by the applicant

I declare that:

(a) I hold a Qualification Certificate for the Species and Activities for which I am applying for a Certificate of Competence	
(b) I hold a current Slaughterer Licence (also known as a WASK Licence) for the Species and Activities for which I am applying for a Certificate of Competence	

Signature:

Full name: Date:

I wish to apply for Certificate of Competence in the species and operations as indicated below *(please insert the relevant code in the box below – the codes can be found on the Summary of Species and Activities)*:

To be completed by the Applicant:

I have included a copy of my Qualification Certificate/ paper part of WASK licence	
I have included a photograph	

Validation:

Signature - Authorised Veterinary Surgeon	
Name in BLOCK LETTERS	
MRCVS Number (if applicable)	
Date	

This form should be sent to watok@fss.scot or FSS, 4th floor, Pilgrim House, Old Ford Road, Aberdeen, AB11 5RL.