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| **Application for a Certificate of Competence** | | | |  | | | | |
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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** |  |
| **Contact Tel Number** |  |
| **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 in the three years preceding the date of application; |  |
| (ii) been refused a CoC under The Welfare of Animals at the Time of Killing (Scotland) Regulations 2012 |  |
| (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 have not ticked any box above (i.e. answered No), this does not automatically exclude you from receiving a Certificate of Competence. Please contact your Authorised Veterinarian to discuss further.)*

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 and accompanying documents should be sent to [watok@fss.scot](mailto:watok@fss.scot) or FSS, 4th floor, Pilgrim House, Old Ford Road, Aberdeen, AB11 5RL.