

# APPLICATION FOR GVK-AUTHORISATION



Send to: GVK, AB Svensk Våtrumskontroll | Folkungagatan 122 | 116 30 STOCKHOLM

Check box for requested authorisation:

- (P) Waterproof and surface layer, plastics  (PK) Both waterproof and surface layer plastics  
(K) Waterproof layer under ceramics  and waterproof layer under ceramics

We have read the "General Terms and Conditions for GVK" and we hereby apply for GVK-authorisation according to the above. We are aware that our application is binding and that:

- the company's floor-layers/tilers and supervisors, to the extent set out in "General Terms and Conditions for GVK", must complete the GVK training before the company receives GVK-authorisation.

**In connection with the training, the following is required to receive a GVK permit:**

- occupational certification as a floor-layer for those wishing to attend the training course in plastics
- occupational certification as a tiler for those wishing to attend the training course in ceramics. No occupational certification is required for supervisors.

Occupational certification is issued by BYN (Swedish Construction Industry Training Board). For more info: [www.byn.se](http://www.byn.se).

- that we will be invoiced SEK 12,490 (excl. VAT), which is a one-off fee payable in connection with the application (of which SEK 9,000 for service fee and SEK 3,490 for the obligatory GVK pump including the special tool).

Upon receiving authorisation, we undertake:

- to report all wet room projects via [www.gvk.se/min-sida](http://www.gvk.se/min-sida) before commencement of the waterproof layer work
- to accept spot checks of work performed, and to help facilitate the performance of such spot checks
- to pay all fees set by GVK, AB Svensk Våtrumskontroll

**(P) Authorisation, only plastics:**

Fixed annual fee: **SEK 8,100**  
Variable annual fee: 0.27 ‰ of the company's turnover\* in preceding year (minimum fee 1,500)

**(K) Authorisation, only ceramics:**

Fixed annual fee: **SEK 8,100**  
Variable annual fee: 0.27 ‰ of the company's turnover\* in preceding year (minimum fee 1,500)

**(PK) Authorisation, both plastics and ceramics:**

Fixed annual fee: **SEK 9,100**  
Variable annual fee: 0.27 ‰ of the company's turnover\* in preceding year (minimum fee 1,500)

\*) The variable fee = 0.27 ‰ of the company's total turnover in the preceding year. If this data is not available, the annual turnover is estimated based on the outcome during the first 6 months in the year to which the fee relates.

We are aware that the authorisation received for the company is valid as long as we comply with "General Terms and Conditions for GVK" and as long as we observe and comply with the guidelines, instructions and recommendations issued by GVK at any given time.

By accepting GVK's general terms and conditions, we also consent to processing of personal data as described in Appendix A – Privacy Policy and we approve the Data Processing Agreement as described in Appendix B.

We are aware that failure to comply will lead to loss of our authorisation.

COMPANY NAME

COUNTY

COUNTY CODE

ADDRESS

COMPANY MANAGER

POSTAL ADDRESS

CONTACT PERSON FOR GVK

PHONE NUMBER

MOBILE PHONE

CORPORATE ID NUMBER

REGISTERED FOR E-TAX

FAX

VAT REGISTRATION NUMBER

YES

NO

WEBSITE

INSURANCE COMPANY

EMAIL

BUSINESS/LIABILITY INSURANCE POLICY NUMBER

The company's total turnover\* in the preceding year was: SEK ..... million, of which turnover for floor-laying/tiling (incl. stores) was: SEK ..... million.

We attach 2 customer references as an appendix to this application + a copy of our company's certificate of incorporation.

The company, which has conducted operations in the flooring/wall industry since the year ....., has a total of ..... employees (FTE).

Of these, ..... are floor-layers, ..... are supervisors and ..... are tilers.

Signed on ..... / ..... / 20.....

Total number = ..... (may sometimes be same person(s))

AUTHORISED SIGNATORY

**NOTE:** Please complete list of names on the other side

NAME (PLEASE PRINT)

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Owners and employees of the company as of (date): .....

NAME (please print)	PERSONAL ID NO. (first six digits)	Floor- layer P	Tiler K	Supervisor
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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