

Name of district council

## THE SAFETY OF SPORTS GROUNDS (NI) ORDER 2006

### APPLICATION FOR THE TRANSFER OF A REGULATED STAND SAFETY CERTIFICATE

#### VENUE DETAILS

Reference number of certificate and date of certification

Name of Venue

Name of Club or Organisation

Address of Venue

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Postcode

Principle contact at venue and address for correspondence (if different from above)

Name

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Address

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Postcode

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Phone Number

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Mobile Number

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Email

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Fax Number

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**NAME OF APPLICANT** (for transfer)  
(also known as qualified person)

Address

Postcode

Phone Number

Mobile Number

Email

**Status / Role of proposed qualified person within the management of the venue**

**How was decision made regarding the appointment of this person?**

**Has this decision been included in minutes of a committee meeting, Board Meeting?**

**\*Please attach a photocopy of the minute relating to the nomination of the Applicant/Qualified Person\***

**How was this decision conveyed to the individual?**

**Have they accepted this role?**

**Fee Included:**

Please tick box to confirm fee has been included

£50 as per Regulation 3 of the Safety of Sports Grounds (Fees and Appeals) Regulations (Northern Ireland) 2009

\*Cheques to be made payable to (District Council)\*