

Name of district council

THE SAFETY OF SPORTS GROUNDS (NI) ORDER 2006

APPLICATION FOR A REPLACEMENT REGULATED STAND SAFETY CERTIFICATE

VENUE DETAILS

Reference number and date of certification

Name of Venue

Name of Club or Organisation that operate the venue

Address of Venue

Postcode

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

Name

Address

Postcode

Phone Number

Mobile Number

Email

Fax Number

NAME OF APPLICANT
(also known as the qualified person)

Address _____

Postcode _____

Phone Number _____

Mobile Number _____

Email _____

**List of sports to be played at the venue
activities to be included in a general
safety certificate replacement**

Fee Included:

Please tick box to confirm fee has been included

£25 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)