

**SAVA Certification Scheme**  
**Qualification Confirmation Request**  
**Form**



The following person has applied to join the **SAVA Certification Scheme**. Please confirm that they have achieved the ABBE Level 4 Diploma in Home Inspection, that they have been issued with a Certificate and the details below are correct:

	<b>Information supplied by Applicant</b>	<b>ABBE outcome – please circle</b>	<b>If incorrect, state why</b>
First Name			
Surname			
Date of Birth			
Assessment Centre		Correct / Incorrect	
ABBE Candidate Number		Correct / Incorrect	
Certificate Number		Correct / Incorrect	
Date Certificate Issued		Correct / Incorrect	

**For completion by SAVA:**

Request submitted by	
Date submitted	
Date response due	

**For completion by ABBE:**

Request response by	
Date of response	
Signature	

**Please email or fax back to:**

[info@sava-cs.org.uk](mailto:info@sava-cs.org.uk) or 0870 837 6566

Helen Narraway  
 SAVA Certification Scheme Registration Services Manager