



The Institute of Healthcare Engineering and Estate Management

Authorising Engineer Declaration of Insurance

(Please tick one of the following)

I confirm I am a practicing Authorising Engineer and have appropriate insurance cover in place in order to operate as an IHEEM registered AE.

I confirm I am a non practicing Authorising Engineer

Signed:

Print name:

Date:

| For internal use only: (date and initial) | |
|---|--|
| Received in HO | |
| CRM updated | |
| Added to member file | |
| Review Panel informed | |

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