



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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