



# FIRE PRIMARY AUTHORITY SCHEME

## EXPRESSION OF INTEREST

NAME: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_

### CATEGORIES INTERESTED IN:

Option 1: Co-ordinated Primary Authority

Option 2: Co-ordinated Primary Authority Plus

Option 3: Administered Direct Partnership

Option 4: Administered Direct Partnership Plus

Are you going to be our main contact for all matters relating to primary authority?

YES  NO  
Please tick as appropriate

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If no, please provide relevant contact details below:

NAME: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Please return your completed form by email to [crystalholmes@bfff.co.uk](mailto:crystalholmes@bfff.co.uk)  
or by fax to 01400 283098

### British Frozen Food Federation

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