

\* Limited to specific Manufacturer only

|                         |  | QUALIFICATION/EXPERIENCE                                   |   |                                       |                                       |                                       |                                 |                                       |
|-------------------------|--|--|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------|---------------------------------------|
|                         |  | H009   | H011/12                                 | H005 Expired                          | H005DE                                | MCS Registered for Biomass            | Specific Manufacturer Training* | Demonstrable Experience               |
| Appliance Size          | Domestic Installations                             | Optional with additional evidence 1-3                      | ✓                                       | ✓                                     | ✓                                     | ✓                                     | ✓                               | Optional with additional evidence 1-4 |
|                         | Small Non-domestic Installations (<200kW)          |  | ✓                                       |                                       | ✓                                     | ✓                                     | ✓                               | ✓                                     |
|                         | Medium Non-domestic Installations (200 to 1,000kW) | Optional with additional evidence 1-4                      | Optional with additional evidence 1-3   | Optional with additional evidence 1-4 | Optional with additional evidence 1-3 | Optional with additional evidence 1-3 | ✓                               | ✓                                     |
|                         | Large Non-domestic Installations (1,000+kW)        |  |   |                                       |                                       |                                       | ✓                               | ✓                                     |
| SPECIALIST COMPETENCIES |  |  |   |                                       |                                       |                                       |                                 |                                       |
| Fuel Type               | Pellet   | Optional with additional evidence 1-3 and specific to this | ✓                                       | ✓                                     | ✓                                     | ✓                                     | Stated by Manufacturer          | Requires evidence of each type        |
|                         | Log Gassification                                  |  | ✓                                       | ✓                                     | ✓                                     | ✓                                     |                                 |                                       |
|                         | Chip   |  | ✓                                       | ✓                                     | ✓                                     | ✓                                     |                                 |                                       |
| Fuel Feed Systems       | Hopper/Store                                       |  | ✓                                       | ✓                                     | ✓                                     | ✓                                     |                                 |                                       |
|                         | Pneumatic  |  | ✓                                       | ✓                                     | ✓                                     | ✓                                     |                                 |                                       |
|                         | Walking Floor                                      |  | Optional with additional evidence 1 - 2 |                                       |                                       |                                       |                                 |                                       |
| Other System Type       | LTHW   | Optional with additional evidence 1 - 2                    |   |                                       |                                       |                                       |                                 |                                       |
|                         | Steam Systems                                      | Optional with additional evidence 1 - 2                    |   |                                       |                                       |                                       |                                 |                                       |

| OPTIONAL EVIDENCE   |   |
|---|---|
| This could be one or a number of the following to evidence competence |   |
| 1   | Specific Manufacturer's Training  |
| 2   | Verified Demonstrable Experience in industry* Minimum of 6 months working in or for an industry related company with evidence of maintenance work |
| 3   | On Site Assessment  |
| 4   | HETAS Training (H009+Units 11&12) / H005  |