

INITIAL EXAMINATION APPLICATION FORM (Please complete in legible block letters)

SAQCC – IPE & CP COMPETENT PERSONS

CANDIDATE NUMBER

(If known, else number shall be provided during the training course)

Please indicate by crossing the appropriate block. Refer to website for additional information

INITIAL EXAMINATION	EXAM PAPERS	TICK APPROPRIATE		DATES	
	Foundation	<input type="checkbox"/>		_____	
	Core – Open Book	<input type="checkbox"/>		_____	
	Core – Closed Book	<input type="checkbox"/>		_____	

INITIAL EXAMINATION FOR UNLIMITED SCOPE	EXAM PAPERS	TICK	DATES	EXAM PAPERS	TICK	DATES
	API 510	<input type="checkbox"/>	_____	API 579	<input type="checkbox"/>	_____
	ASME VII& IX	<input type="checkbox"/>	_____	TANK INSPECTION & REPORT WRITING	<input type="checkbox"/>	_____
	API 580	<input type="checkbox"/>	_____	ADVANCED NDT	<input type="checkbox"/>	_____
	API 571	<input type="checkbox"/>	_____	API 570	<input type="checkbox"/>	_____
	PROCESS DIAG & REPAIR METHODS	<input type="checkbox"/>	_____	API 574	<input type="checkbox"/>	_____
	API 572	<input type="checkbox"/>	_____	API 476 & B31.1	<input type="checkbox"/>	_____

CANDIDATE INFORMATION

Surname

First Name(s) - In Full

Identity / Passport No.

Postal / Residential Address

Code

E-mail Address

Tel No.

Cell No.

MANDATORY:

I declare that in the information provided above is accurate and true

If not signed by the candidate, the application shall not be processed.

Candidate signature

Date

**ELIGIBILITY FOR QUALIFICATION EXAMINATION:
Candidate must supply Proof of training Record which confirms as follows:**

The SAIW Training Services verifies that the candidate has complied with the minimum requirements and access conditions for the ATO Training Course and has completed the course satisfactorily, through:

- | | | |
|----|--|--------------------------|
| a) | Daily attendance, and thus achieving the required minimum number of classroom training | <input type="checkbox"/> |
| b) | Participation in class activities & completing homework questionnaires, completing practical assignments and tasks | <input type="checkbox"/> |
| c) | Satisfactorily passing the end of course assessment (If applicable) | <input type="checkbox"/> |

ATB Representative	_____	Signature	_____
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SAIW : OFFICE USE ONLY

EMPLOYER / COMPANY / PERSON RESPONSIBLE FOR PAYMENT

Employer / Company Name	_____		
Contact Person	_____	Position held	_____
Postal / Business Address (Correct for invoicing purposes)	_____	Code	_____
Tel. No.	_____	Fax. No.	_____
E-mail address	_____	Cell No.	_____
Order number	_____		

EMPLOYER
(Ignore employer signatures of payment is made by candidate)

I/We undertake to pay, in full, all SAIW Certification examination fees prior to the examination date in accordance with the published scale of fees.
(The candidate shall be issued with a booking confirmation for examination as soon as full payment has been confirmed)

Name of authorised company representative	_____	Designation	_____
Signature	_____	Date	_____

BANKING DETAILS

BANK	First National Bank	BRANCH	Hyde Park	BRANCH CODE	255 805
ACCOUNT NAME	South African Institute of Welding	ACCOUNT NO.	505 236 54 470	SWIFT CODE	FIRZAJJ

BOOKING ARRANGEMENTS

All examination related queries can be forwarded to SAIW Certification – Admin. Controller – constance.makweng@saiw.co.za Fax (011 836 4132)

Initial examinations: Addressed during training course

Rewrite / Recertification: Refer to updated examination schedule or contact constance.makweng@saiw.co.za - 011 298 2106 - regarding availability and dates of required examinations. Send a completed application form together with proof of payment to constance.makweng@saiw.co.za
The application form & proof of payment must reach the SAIW Certification at least 15 days before the rewrite date.

CANCELATIONS ARE ONLY ALLOWED IF VERBALLY COMMUNICATED WITH CONSTANCE MAKWENG AT LEAST 15 DAYS BEFORE THE EXAMINATION. EXAM COSTS ARE SEPARATE FROM TRAINING COST AND AS PER PUBLISHED SCALE OF FEES.

Additional information can be found on our website: www.saiw.co.za