

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

| | | | |
|--------------------|------------------|------------------|--------------|
| SAIW Course | Pressure Vessels | Steam Generators | Non Metallic |
|--------------------|------------------|------------------|--------------|

| | | | |
|----------------------------|--------------------|--------------------------|--------------|
| 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:

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

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

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 | |

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 | FIRNZAJJ |

| BOOKING ARRANGEMENTS | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| All examination related queries can be forwarded to SAIW Certification – Admin. Controller – Examinations 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 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