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 Johannesburg, 2029  
 P.O. Box 527, Crown Mines, 2025

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Please refer to our Website ([www.saiw.co.za](http://www.saiw.co.za)) for any further information

**REWRITE 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

<b>SAIW Course</b>	Pressure Vessels	Steam Generators	Non Metallic
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<b>REWRITE EXAMINATION</b>	<b>EXAM PAPERS</b>	<b>TICK APPROPRIATE</b>	<b>DATES</b>
	Foundation	<input type="checkbox"/>	_____
	Core – Open Book	<input type="checkbox"/>	_____
	Core – Closed Book	<input type="checkbox"/>	_____

<b>REWRITE EXAMINATION FOR UNLIMITED SCOPE</b>	<b>EXAM PAPERS</b>	<b>TICK</b>	<b>DATES</b>	<b>EXAM PAPERS</b>	<b>TICK</b>	<b>DATES</b>
	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. \_\_\_\_\_

<b>MANDATORY:</b>  If not signed by the candidate, the application shall not be processed.	<b>I declare that in the information provided above is accurate and true</b>		
	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	SAIW Certification	ACCOUNT NO.	620 739 568 50	SWIFT CODE	FIRZAJJ

BOOKING ARRANGEMENTS	
All examination related queries can be forwarded to SAIW Certification – Admin. Controller – Examinations <a href="mailto:constance.makweng@saiw.co.za">constance.makweng@saiw.co.za</a> / Fax (011 836 4132)	
<b>Initial examinations:</b>	Addressed during training course
<b>Rewrite / Recertification:</b>	Refer to updated examination schedule or contact <a href="mailto:constance.makweng@saiw.co.za">constance.makweng@saiw.co.za</a> - 011 298 2106 - regarding availability and dates of required examinations. Send a completed application form together with proof of payment to <a href="mailto:constance.makweng@saiw.co.za">constance.makweng@saiw.co.za</a> The application form & proof of payment must reach the SAIW Certification at least <b>15 days</b> before the rewrite date.
<b>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.</b>	

Additional information can be found on our website: [www.saiw.co.za](http://www.saiw.co.za)