52 Western Boulevard (off Main Reef Road) City West
Johannesburg, 2029
P.O. Box 527, Crown Mines, 2025

Telephone No. : +27 11 298 2111
Fax No. : +27 11 836 4132
Please refer to our Website (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

SAIW Course	Pressure Vessels	Steam Generators	Non Metallic

	EXAM PAPERS	TICK APPROPRIATE	DATES
REWRITE EXAMINATION	Foundation	☐	_____
	Core – Open Book	☐	_____
	Core – Closed Book	☐	_____

	EXAM PAPERS	TICK	DATES	EXAM PAPERS	TICK	DATES
REWRITE EXAMINATION FOR UNLIMITED SCOPE	API 510	☐	_____	API 579	☐	_____
	ASME VII& IX	☐	_____	TANK INSPECTION & REPORT WRITING	☐	_____
	API 580	☐	_____	ADVANCED NDT	☐	_____
	API 571	☐	_____	API 570	☐	_____
	PROCESS DIAG & REPAIR METHODS	☐	_____	API 574	☐	_____
	API 572	☐	_____	API 476 & B31.1	☐	_____

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:

SAIW : OFFICE USE ONLY

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 ☐

b) Participation in class activities & completing homework questionnaires, completing practical assignments and tasks ☐

c) Satisfactorily passing the end of course assessment (If applicable) ☐

ATB Representative		Signature	

EMPLOYER / COMPANY / PERSON RESPONSIBLE FOR PAYMENT

EMPLOYER
(Ignore employer signatures of payment is made by candidate

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 _____

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	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