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Johannesburg, 2029  
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Please refer to our Website ([www.saiw.co.za](http://www.saiw.co.za)) for any further information

PF05 - 02 Rev.03

**REWRITE EXAMINATION APPLICATION FORM** (Please complete in legible block letters)

**IIW COURSES**                      IWE, IWT, IWP, IWS, IWI, IW

**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

**IIW Course**

	IIW – Welding Engineer (IWE)	IIW – Welding Technologist (IWT)
	IIW – Welding Specialist (IWS)	IIW – Welding Practitioner (IWP)
IIW – Welding Inspector Basic (IWI - B)	IIW – Welding Inspector Standard (IWI - S)	IIW – Welding Inspector Comprehensive (IWI - C)
IIW – Welder – Fillet (IW - F)	IIW – Welder – Plate (IW - P)	IIW – Welder – Tube (IW - T)

<b>REWRITE EXAMINATION</b>	<b>EXAM PAPERS</b>	<b>TICK APPROPRIATE</b>	<b>DATES</b>
	MODULE 1 : Weld process & equipment	<input type="checkbox"/>	_____
	MODULE 2 : Materials and their behaviour during welding	<input type="checkbox"/>	_____
	MODULE 3 : Construction and Design	<input type="checkbox"/>	_____
	MODULE 4 : Fabrication Application Engineering	<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 _____

<b>ELIGIBILITY FOR QUALIFICATION EXAMINATION:</b>			
<b>Candidate must supply Proof of training Record which confirms as follows:</b>			
<b>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:</b>			
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"/>
<b>ATB Representative</b>		<b>Signature</b>	

SAIW : OFFICE USE ONLY

Note: Evidence of vision testing is required for IIW Welding Inspectors

N.B All documentation submitted by applicants, when applying to SAIW Certification for examination, must be original or photocopies verified by a Commissioner of Oaths or South African Police Services.

<b>EMPLOYER / COMPANY / PERSON RESPONSIBLE FOR PAYMENT</b>			
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)

<b>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.</b>			
<small>(The candidate shall be issued with a booking confirmation for examination as soon as full payment has been confirmed)</small>			
<b>Name of authorised company representative</b>		<b>Designation</b>	
<b>Signature</b>		<b>Date</b>	

<b>BANKING DETAILS</b>					
<b>BANK</b>	First National Bank	<b>BRANCH</b>	Hyde Park	<b>BRANCH CODE</b>	255 805
<b>ACCOUNT NAME</b>	SAIW Certification	<b>ACCOUNT NO.</b>	620 739 568 50	<b>SWIFT CODE</b>	FIRNZAJJ

<b>BOOKING ARRANGEMENTS</b>	
All examination related queries can be forwarded to SAIW Certification – Admin. Controller – Examinations Mrs.Martie Beetge , ( <a href="mailto:beetgem@saiw.co.za">beetgem@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 Me Beetge regarding availability and dates of required examinations. Send a completed application form together with proof of payment to Me Beetge.
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 MRS. BEETGE 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)