

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)

REWRITE EXAMINATION	EXAM PAPERS	TICK APPROPRIATE	DATES
	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.

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

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.

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			
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	

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

BANKING DETAILS			
BANK	First National Bank	BRANCH	Hyde Park
		BRANCH CODE	255 805
ACCOUNT NAME	Southern African Institute of Welding NPC	ACCOUNT NO.	505 236 54470
		SWIFT CODE	FIRNZAJJ

BOOKING ARRANGEMENTS	
All examination related queries can be forwarded to SAIW Certification – Admin. Controller – Examinations, theresia.vanzyl@saiw.co.za or call (011) 298 2128	
Initial examinations:	Addressed during training course
Rewrite / Recertification:	Refer to updated examination schedule. Send a completed application form together with proof of payment to Mrs van Zyl. 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 MRS. VAN ZYL 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