



# SAIW Certification

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

## BANKING DETAILS

Account Name	SAIW			Telephone	+27 (011) 298 2100
Bank	First National Bank	Branch No.	255 805	Email	cert@saiw.co.za
Branch	Hyde Park	Account No.	50523654470	Website	<a href="http://www.saiw.co.za">http://www.saiw.co.za</a>
Reference No	Surname & ID Number / Invoice Number				

## REGISTRATION APPLICATION

## International Welding Inspector - Standard

### CANDIDATE INFORMATION

Student No.

### PERSONAL DETAIL

Surname

First Name(s) - In Full

Identity / Passport No.

Age

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 the information provided above is accurate and true.  
I understand the consequences of providing false information.

Candidate signature

Date

## 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

Company VAT

I/We undertake to pay, in full, all SAIW training fees prior to the training course date in accordance with the published scale of fees.  
(The candidate shall be issued with a booking confirmation for training 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)

## REGISTRATION APPLICATION

## International Welding Inspector - Standard

## CANDIDATE INFORMATION

Student No. 

Requirements	Route 1		Route 2	
	<b>Copy of ID</b> NOTE : Minimum age of 20 years	<input type="checkbox"/>	<b>Copy of ID</b> NOTE : Minimum age of 20 years	<input type="checkbox"/>
	<b>Industrial Experience Logbook</b>	<input type="checkbox"/>	<b>Industrial Experience Logbook</b>	<input type="checkbox"/>
	<b>OR</b>	<input type="checkbox"/>	<b>OR</b>	<input type="checkbox"/>
	<b>Curriculum Vitae</b> NOTE : At least 2 years job related experience		<b>Curriculum Vitae</b> NOTE : At least 5 years job related experience	
	<b>Senior Certificate (Matric), N3 or equivalent qualifications</b> NOTE : Pass mark in Maths & Science subjects At least 2 years job related experience	<input type="checkbox"/>	<b>Certificate of General Education and Training (Grade 9 or higher) or equivalent</b> NOTE : Pass mark in Maths & Science subjects At least 5 years job related experience	<input type="checkbox"/>
	<b>OR</b>	<input type="checkbox"/>	<b>OR</b>	<input type="checkbox"/>
	<b>Math Proficiency Test Result</b> NOTE : Pass mark is 70%		<b>Math Proficiency Test Result</b> NOTE : Pass mark is 70%	
	<b>Vision Acuity Test record</b> NOTE : Far Vision : Snellen : 6/6 Near Vision : Jaeger : J1 @ 300mm & J7 @1000mm	<input type="checkbox"/>	<b>Vision Acuity Test record</b> NOTE : Far Vision : Snellen : 6/6 Near Vision : Jaeger : J1 @ 300mm & J7 @1000mm	<input type="checkbox"/>
<b>SAIW Level 2 Welding Inspector Examination Results (Pass) or Diploma</b>	<input type="checkbox"/>	<b>SAIW Level 2 Welding Inspector Examination Results (Pass) or Diploma</b>	<input type="checkbox"/>	
<b>Construction &amp; Design Module Examination Results (Pass)</b>	<input type="checkbox"/>	<b>Construction &amp; Design Module Examination Results (Pass)</b>	<input type="checkbox"/>	

Please note that all documentation submitted by applicants, when applying to SAIW Certification for registrations, must be legible copies of the originals

## APPOINTED NATIONAL BODY : SAIW Certification

Reviewed by			Date
Decision	Approved <input type="checkbox"/>	Rejected <input type="checkbox"/>	
Approved by			Date

Done oral exam:

## VISION TESTING

### Candidate information

Name & Surname

Date of Birth

ID / Passport Number

Discipline

### Vision requirements

The candidate shall provide documentary evidence of satisfactory vision in accordance with the following requirements in one or both eyes, either corrected or uncorrected;

**CLINICAL ASSESSMENT:** Normal

**NEAR VISION:** JEAGER (or equivalent)

- a) J1 or equivalent (having a height of 1,6 mm) at not less than 300 mm
- b) J7 or equivalent (having a height of 3,4 mm) at not less than 1000 mm

**FAR VISION:** SNELLEN (or equivalent)

- a) 6/6 on Snellen chart

**COLOUR VISION:** ISHARA (or equivalent)

- a) Colour vision shall be sufficient that the candidate can distinguish and differentiate contrast between the colours or shades of grey used in the NDT method concerned.
- b) Correctly identify 24 plates

**SHADES OF GREY:** 20 Correct answers required from chart below.

2	7	8	2	1
23	6	4	32	5
5	4	65	65	46
1	64	32	542	64
46	6	35	46	63

Subsequent to certification, the tests of near visual acuity shall be carried out annually and verified by the employer.

## VISION TESTING

### Candidate information

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Date of Birth

ID / Passport Number

Discipline

### Test Results

	Left Eye		Right Eye		Comments
	Corrected	Uncorrected	Corrected	Uncorrected	
<b>Clinical Assessment</b>	Normal	Not Normal	Normal	Not Normal	
<b>Near Vision Acuity</b>	Yes	No	Yes	No	
<b>Far Vision Acuity</b>	Yes	No	Yes	No	
<b>Colour Vision*</b>	Yes	No	Yes	No	
<b>Shades of Grey*</b>	Yes	No	Yes	No	
<b>GENERAL COMMENTS</b>					

Please tick the appropriate box

\* Mandatory for NDT

### Tested by

Optometrist Name

Contact Details

Practitioner No.

Optometrist Signature

Date Tested

Optometrist Stamp /  
Business Card