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CERTIFICATION NUMBER: ____

APPLICATION FOR REPLACEMENT CERTIFICATE , ID CARD & REPORTS (AS 3998/ISO 9712/ ISO18436) Limited (AS4635/ISO 20807)/AINDT In –House Schemes

Note: Only 1 method and 1 product sector per application form

I would like to receive the monthly AINDT E-Newsletter
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Personal Details (Principal Representative):

Please state your preferred name exactly how you would like to apper on your ID card and Certification

Full Name of Applicant: (Given Names)

(Family Name)

Title:			
Personal (Home) Address:			
City:	State:	Postcode:	
Country:	Personal Email:		
Home Phone No:	Mobile Phone No:		
Employment Details:	Please use this address for corresponden	ce	
Company Name:	Job Title:		
Work Address:			
City:	State:	Postcode:	
Country:	Business Fax:		
Business Phone:	Business Email:		
Business Mobile No:			
I request a replacement: Certificate I.D. Card	(or) Previous Exam & Certi	fication Report	
NDT /CM Method: Level/ Categor	y: Industry Sector:		
Fees			
Certification	\$		
ID Card	\$		
Previous Report (Cost \$ 75 which include report for your previous exam results and certificates) \$			
TOTAL: \$			
Note: Please refer to the schedule for other fee from the website Payment Details			
Fayment Details			
Purchase order #:			
Payment method:	ble to AINDT		
MasterCard VISA A	MEX (+ 2% surcharge)	*** EFT Direct Deposit	
Credit card #:		Bank: Commonwealth	
		BSB: 063 240	
Expiry date:		Account: 00900853	
Cardholder name:			
Card holder signature:			
Invoicing/Receipt Details			
Invoice to be made to: Applicant Company	Other (Please Provide Details)		
Signature of Applicant:	Date:	/ /	