1. PERSONAL DETAILS

Name				
	Title	First Names		Surname
Date of Birth				
Company:				
Address:	Contact address for Correspondence			
Phone:			Mobile:	
Email:				

2. EXAMINATION PREREQUISITES (√ appropriate box)

☐ HERA Welding Inspection Course Level 2 Date of completion: .....

☐ Course Entry by the Alternative Route (HERA ANB approval required) Date of ANB approval: .....

3. EXAMINATIONS TO BE TAKEN (√ appropriate boxes)

☐ WI2 Welding Inspection Theory

☐ WI2 Welding Inspection Practical

4. EYESIGHT

An optometrist certificate obtained within 3 months of the application must be submitted with this application form. Unaided or corrected near visual acuity in at least one eye shall be such that the candidate is capable of reading N4 Times Roman type or Jaeger J1 at a distance of not less than 30 cm on a standard reading chart.

5. EXAMINATION FEES

☐	WI1 Welding Inspection Theory	**$350**
☐	WI1 Welding Inspection Practical	**$350**

Fees are inclusive of GST.

Payment Details

☐ Please invoice (HERA members only) Purchase Order No. _____ HERA Membership No. _____

☐ Cheque enclosed (Make cheques payable to HERA)

Please debit: ☐Visa ☐ Mastercard

Card Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Name on card:

Expiry date:

Signature

Send the completed application form to:

HERA ANB
PO Box 76 134, Auckland City 2104
Email: admin@hera.org.nz

6. DECLARATION

I confirm the information that I have given is correct.

I understand that I am responsible for the correct use of the IIW diploma and that the HERA ANB can withdraw any qualifications/diplomas and/or initiate legal actions against me in the case of the misuse.

Signature: _____ Date: _____

7. CHECKLIST

☐ Optometrist certificate