



# APPLICATION FORM

## Registered Inspector Programme

### 4. Training Course Attendance (Relevant inspection and maintenance related courses): Tick (✓) if Verified Copy of Certificate Attached

Date:	Name of Training Provider and Location: Genie, Brisbane; JLG, Sydney etc.	Name of Training Course and Brief Description of Training Course Content:	Evidence Attached
1. / MM YY	Name of Training Provider: ..... Location: .....	Name of Training Course: ..... Brief Description of the Training Course Content: .....	<input type="checkbox"/>
2. / MM YY	Name of Training Provider: ..... Location: .....	Name of Training Course: ..... Brief Description of the Training Course Content: .....	<input type="checkbox"/>
3. / MM YY	Name of Training Provider: ..... Location: .....	Name of Training Course: ..... Brief Description of the Training Course Content: .....	<input type="checkbox"/>
4. / MM YY	Name of Training Provider: ..... Location: .....	Name of Training Course: ..... Brief Description of the Training Course Content: .....	<input type="checkbox"/>

### 5. Professional/Trade Related Qualifications & Licences – NZ Recognised:

#### Professional/Trade Qualifications:

- |  |  |
|--|--|
| <p style="text-align: center;">✓ Evidence Attached</p> <p>1. Automotive Trade <input type="checkbox"/></p> <p>2. Diesel Mechanic <input type="checkbox"/></p> <p>3. Electrician - Auto <input type="checkbox"/></p> <p>4. Electrician - 240/415v <input type="checkbox"/></p> <p>5. EWP Trade <input type="checkbox"/></p> | <p style="text-align: center;">✓ Evidence Attached</p> <p>6. Fitter &amp; Turner <input type="checkbox"/></p> <p>7. Hydraulics <input type="checkbox"/></p> <p>8. Motor Mechanic <input type="checkbox"/></p> <p>9. Plant Mechanic <input type="checkbox"/></p> <p>10. Other (specify): <input type="checkbox"/></p> |
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#### Cards & Licences:

- |   |
|---|
| <p style="text-align: center;">✓ Evidence Attached</p> <p>1. NZQA EWP unit standards <input type="checkbox"/></p> <p>_____ <input type="checkbox"/></p> <p>_____ <input type="checkbox"/></p> <p>_____ <input type="checkbox"/></p> <p>_____ <input type="checkbox"/></p> |
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### 6. Member Company/Applicant Comments (if any) to Support This Application: (Use separate sheet if needed)

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*Example: As you can see Bill has worked for us for three years. During his employment he has been a vigilant inspector of the machines shown in this application. He has a keen eye for detail and is always one of the first to find and rectify any faults found and is fastidious in following the manufacturers inspection criteria to the letter. He has a strong safety ethic and has always stood by the industries golden rule "any safety related faults must be corrected or the machine withdrawn from service".*

### 7. Evidence of Identity:

A copy of identity must be submitted with application.

Valid Drivers Licence:  **OR** Valid Passport:   
 Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

### 8. Member Company Declaration:

I have verified and attached the supporting documentation shown above and declare that the information contained in this application is true and accurate. I understand and agree that the information submitted on this form will be entered on the EWPA database. I acknowledge that

(COMPANY or ORGANISATION) undertake inspections at its own risk and agree to release the EWPA to the full extent permitted by law from any liability in respect of any loss or damage resulting from our undertakings.

Signature - Officer of Member Company: \_\_\_\_\_

Name : \_\_\_\_\_

Company: \_\_\_\_\_

Position: \_\_\_\_\_

Signature - Applicant: \_\_\_\_\_

Name : \_\_\_\_\_

Company: \_\_\_\_\_

Position: \_\_\_\_\_

I am an authorised representative of the above COMPANY or ORGANISATION vested, implicitly or through conduct, with the power to commit the above COMPANY or ORGANISATION to a binding agreement.

### OFFICE USE:

Registered Inspector Card No.	Issue Date / Issuer Initials:	Invoice Sent Date:	Payment Date:	RI Card Sent Date:
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