



Line Mechanic Written Examination Entry

Return your entry and payment of \$85.00 (inc GST) to -
The Registrar, EWRB, PO Box 10-156, Wellington 6036, NZ.
Phone (04) 472 3636 • Fax (04) 473 2395 • Freephone 0800 66 1000.

For Board Use
9/20/

ALL sections of this form must be completed and correct details are essential to ensure acceptance of entry.

1. Family Name
First Names (in full)
Date of Birth Daytime Phone
Postal Address

2. Examination Centre Examination Date
Have you sat this examination before? No Yes If so, state year

3. Teaching Institution where course is to be held

4. The fee for this examination is \$85.00 (includes GST).

5. PAYMENT DETAILS

<input type="checkbox"/> I enclose a cheque made payable to the Electrical Workers Registration Board for \$ <input type="text"/>	<input type="checkbox"/> Visa	<input type="checkbox"/> Bankcard	<input type="checkbox"/> Mastercard
<input type="checkbox"/> I wish to pay by credit card (Visa, Bankcard or Mastercard only)	Card Number <input type="text"/>	Expiry Date <input type="text"/>	Amount \$ <input type="text"/>
Please do not post cash	Cardholder's Name <input type="text"/>	Cardholder's Signature <input type="text"/>	

6. I declare the information I have given is correct. I am aware that passing this examination does NOT entitle me to carry out prescribed electrical work for which electrical registration is required. I agree to the release of my results to my teaching institute/provider and for the purpose of receiving awards.

Signature of Applicant Date

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Mark Obtained <input type="text"/>	Entry Approved on <input type="text"/>	<input type="text"/>
Result <input type="text"/>	Result Released on <input type="text"/>	<input type="text"/>