



Application for Re-mark

Return this form and payment of \$25.00 (inc GST) to –
The Registrar, EWRB, PO Box 10-156, Wellington 6143, NZ.
Phone (04) 472 3636 • Fax (04) 473 2395 • Freephone 0800 66 1000.

ALL sections of this form must be completed.

1. Family Name

First Names (in full)

Date of Birth Daytime Phone

Postal Address

2. Examination to be re-marked

Examination centre

Date examination sat

3. The fee for the re-mark of this answer script is \$25.00 (includes GST).

4. 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"/> Amex	<input type="checkbox"/> Mastercard
<input type="checkbox"/> I wish to pay by credit card (Visa, Amex 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"/>	

5. Signature of Applicant Date

FOR BOARD USE

Mark Obtained

Result