



Safety • Competency

Special Written Examination Entry

Return your entry and payment of \$149.00 (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. Please indicate the examination you wish to sit -

Electrician theory Electrical Service Technician "A" Electrical Inspector

Electrician regulations Electrical Service Technician "B" Line mechanic

3. Examination Centre Examination Date

Have you sat this examination before? No Yes If so, state year

4. Teaching Institution where you are going to attend the prerequisite tuition course for this examination

5. The fee for this examination is \$149.00 (includes GST).

<p>6. PAYMENT DETAILS</p> <p><input type="checkbox"/> I enclose a cheque made payable to the Electrical Workers Registration Board for \$ <input type="text"/></p> <p><input type="checkbox"/> I wish to pay by credit card (Visa, Bankcard or Mastercard only)</p> <p>Please do not post cash</p>	<p><input type="checkbox"/> Visa <input type="checkbox"/> Bankcard <input type="checkbox"/> Mastercard</p> <p>Card Number <input type="text"/></p> <p>Expiry Date <input type="text"/> Amount \$ <input type="text"/></p> <p>Cardholder's Name <input type="text"/></p> <p>Cardholder's Signature <input type="text"/></p>
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7. 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 Entry Approved on

Result Result Released on