



Application for Copy of Written Examination Answer Script

Return your application and fee of \$25.00 (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.

1. Family Name

First Names (in full)

Date of Birth Daytime Phone

Postal Address

2. Examination paper

Examination Centre Examination Date

3. The fee for a copy of a written examination answer script is \$25.00 (includes GST).

4. PAYMENT DETAILS

I enclose a cheque made payable to the Electrical Workers Registration Board for \$

I wish to pay by credit card (Visa, Bankcard or Mastercard only)

Please do not post cash

Visa Bankcard Mastercard

Card Number

Expiry Date Amount \$

Cardholder's Name

Cardholder's Signature

5. Signature of Applicant Date

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