



CERTIFICATION NUMBER: \_\_\_\_\_

**APPLICATION FOR CM EXAMINATION**  
IN ACCORDANCE WITH ISO18436( and related Standards)

*Note: Only 1 method and 1 product sector per application form*

I would like to receive the monthly AINDT E-Newsletter

**Personal Details (Principal Representative):**

Please use this address for correspondence

Full Name of Applicant: (Given Names)

(Family Name)

Title:

Personal (Home) Address:

City:

State:

Postcode:

Country:

Personal Email:

Home Phone No:

Mobile Phone No:

**Employment Details:**

Please use this address for correspondence

Company Name:

Job Title:

Work Address:

City:

State:

Postcode:

Country:

Business Fax:

Business Phone:

Business Email:

Business Mobile No:

**Checklist to ensure complete application**

Use the check boxes to ensure you have included all of the following details:

**Note: Incomplete Applications will NOT be accepted.**

\*Photograph  Payment

Please note: \* Please provide two recent identical coloured, passport quality photographs of yourself with your completed application form. If supplying a digital image it must be High Quality JPEG.

I declare that to the best of my knowledge the information supplied is true and correct.

I authorise AINDT to contact my employer in relation to this application.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

**OFFICE USE ONLY**

Personal Details entered:

Invoice #:

Initials:

Received:

Date Invoice:

/ /

Payment:

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## ISO18436 – CM Method, Level , and Product Sector

Select only one box below that corresponds to the CM Method / Level and sector you wish to apply for.

*Note: Only 1 method and 1 product sector per application form*

		Product sector			
CM Method	Level	General	Civil	Mechanical	Electrical
Vibration Analysis (VA)	1	✓			
Lubrication Analysis (LA)	1	✓			
Thermography (IRT)	1	✓			
Vibration Analysis (VA)	2	✓			
Lubrication Analysis (LA)	2	✓			
Thermography (IRT)	2				
Vibration Analysis (VA)	3	✓			
Lubrication Analysis (LA)	3	✓			
Thermography (IRT)	3				
Vibration Analysis (VA)	4	✓			

**Nominate your preferred Examination Location**  
(The Board cannot guarantee availability of examination centres)

- Adelaide   
  Brisbane   
  Melbourne   
  Sydney   
  Perth   
  Other
- Exam Status:   
 Initial   
 Re-Certification   
 Re-Sit

**Candidates will be advised of date, time and other details a minimum of 4 weeks before the session commences**

**ADMINISTRATION USE ONLY**

Verified?   
Initials:



CERTIFICATION NUMBER: \_\_\_\_\_

## FEES

Refer to the current schedule of fees, available from the Institute's website – [www.aindt.com.au](http://www.aindt.com.au) – or by contacting the Federal Office by phone (03) 9328 8831 or [cmcertification@aindt.com.au](mailto:cmcertification@aindt.com.au)

Use this section to calculate the fee payable	Fee
L1 /L2 /L3 /L4 Category General Examination	\$
Full RE-SIT - General Examination:	\$
<b>TOTAL:</b>	\$

### Payment Details

Purchase order #: \_\_\_\_\_

Payment method:  I enclose my cheque made payable to AINDT  
 MasterCard  VISA  AMEX ( + 2% surcharge)

Credit card #:

Expiry date:   /

\*\*\*  EFT Direct Deposit

Bank: Commonwealth  
BSB: 063 240  
Account: 00900853

Cardholder name: \_\_\_\_\_

Card holder signature: \_\_\_\_\_

### Invoicing/Receipt Details

Invoice to be made to:  Applicant  Company  Other (Please Provide Details) \_\_\_\_\_

The Application, when fully completed should be **Printed** and **Signed** where required.  
This form along with supporting attachments should be forwarded to:

AINDT Federal Office, PO Box 52, Parkville, Vic 3052 Fax: 03 9328 8787 Email: [cmcertification@aindt.com.au](mailto:cmcertification@aindt.com.au)

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

**NOTE: INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**

#### ADMINISTRATION USE ONLY

Verified?   
Initials: