



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 *Training (Provide evidence of AINDT recognised training)

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 – or by contacting the Federal Office by phone (03) 9328 8831 or 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:	\$
TOTAL:	\$

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

Signature of Applicant: _____

Date: _____

NOTE: INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

ADMINISTRATION USE ONLY

Verified?
 Initials: