

APPLICATION FOR CERTIFICATION / RECERTIFICATION / RENEWAL	
FULL NAME OF APPLICANT:	Dr / Mr / Mrs / Ms / Other

	(Surname) (Christian Name)
ADDRESS FOR CORRESPONDENCE:	

CONTACT PHONE:.....	CELLPHONE:
CONTACT EMAIL:	
COMPANY NAME:	
WORK ADDRESS (if different from above)	

APPLICATION DETAILS		
PROFICIENCY CERTIFICATE <input type="checkbox"/>	RENEWAL <input type="checkbox"/>	RECERTIFICATION <input type="checkbox"/>
REGISTRATION NUMBER		
DISCIPLINE		
LEVEL (Lifts & EWP)		
CODE (CW1)		
MODULE & CODE (PEI)		
CATEGORY (Crane)		
	<i>Must be completed if an examination application</i>	
Preferred Examination Centre:	Auckland/Hamilton	New Plymouth
		Christchurch
	<i>(complete only if sitting examination Tick the venue preferred)</i>	
Signature of Applicant:	Date	
<i>I declare that to the best of my knowledge that the information supplied is true and correct</i>		

BEFORE COMPLETING THIS APPLICATION, PLEASE REFER TO THE STANDARD OF PROFICIENCY
(GENERAL REQUIREMENTS) FOR INFORMATION ON PROFICIENCY AND COMPETENCE
CERTIFICATES AND COMPLETION OF YOUR APPLICATION

Note: attach details to application if insufficient room to complete

EDUCATION

TRAINING

Candidates shall undertake training sufficient for them to be knowledgeable in the requirements of General SOP, section 6.

Candidates shall provide with their application an affidavit signed by their employer which certifies that the candidate has completed the required training.'

Copies of relevant training courses shall be attached in addition to the affidavit below

I declare that	
Has completed the training as required in the relevant Standard of Proficiency for the examination applied for.	
Signed
Position date

Qualification

*Please list all qualifications held and attach evidence of completion of qualification
 Include related examinations and/or prerequisites for this course*

Please tick the box marked ✓ if qualification is relevant to discipline applied for

Examining/Certifying Body	Qualification	✓	Level	Year Completed

STATEMENT OF EXPERIENCE

Inspections Performed in Previous 5 years

If a computer generated reports or logbook copies are sent, do NOT complete this section

Number (approx.)	Type and extent of inspection (annual, operational, new construction/ installation etc)
.....
.....

REFEREES SIGNATURE

STATEMENT BY REFEREE

It is a requirement for certification, recertification or renewal that the information supplied by the applicant is verified by a referee who has knowledge of the applicant's work activities in the discipline for which renewal is being sought.

The Board must be satisfied that the person(s) attesting to the ongoing experience of the applicant are appropriately qualified to do so. The referee **MUST** also verify the applicant's experience by signing the experience statement and affidavit of training and experience.

REFEREE DETAILS

NAME:

EMPLOYER:

POSITION:

SOURCES OF INFORMATION ABOUT THE APPLICANT:

.....

.....

**DECLARATION OF PROFESSIONAL OR EMPLOYMENT RELATIONSHIP
BETWEEN REFEREE AND APPLICANT:**

I, (*print name of referee*)
hereby declare that I have knowledge of the applicant's work activities and I
am suitably qualified to attest to the experience of
..... (*print name of applicant*) in the
discipline as detailed in the attached Statement of Experience, and covered
by this Application for Renewal.

Signature of Referee: Date.....

A VISION CERTIFICATE IS NOT REQUIRED IF A COMPETENCE CERTIFICATE IS HELD

Vision Test Certificate

This is to verify that:
(Name of Applicant)

Meets the following criteria:

Has near vision acuity corrected or uncorrected of Snellen N5 or Jaeger Number 1 or equivalent in one or both eyes, either corrected or uncorrected, and

Has near vision acuity corrected or uncorrected in at least one eye of 20/40 or better, and

Is able to differentiate red/green and blue/yellow colours

Note This certificate must be signed and stamped by the verifying authority (e.g. medical person registered to do this)

An optometrist Certificate may be submitted in place of this form.

Name of Verifying Authority:
Please print

Signed by Verifying Authority Date:

□

Stamp/Seal of Verifying Authority:

*Please place stamp/seal or other
identifying mark here:*

REPORTS

You are required to submit **FIVE** (5) samples of documented evidence (usually reports) of your own inspections in this discipline, signed by a CBIP Inspector or suitably qualified person in the discipline applied for. Confidential details should be removed. These must include representative coverage of all aspects of the discipline and must cover the period under review in a reasonably fair way. Candidates should check the relevant SOP and SOP (General Requirements).

NOTE: All reports shall be a true and accurate record of the inspections performed, applicable to the equipment and discipline for which renewal is requested.

Reports must be signed by the applicant, either in wet ink or digital signature

Summarise reports here and attach to application. If your reports exceed 30 pages in length, an electronic copy should be sent:

Reports will be sent at a later date:

REPORT NUMBER & DATE	SUMMARY

I verify that these reports are my own work and are released with the approval of my employer/customer

Signed:

Room 6, Powderham Business Centre
117 Powderham Street
PO Box 8056
New Plymouth
Phone 06 759 4360
www.cbip.org.nz



DECLARATION: CODE OF ETHICS AND USE OF CERTIFICATES AND LOGOS

I have read the CBIP Code of Ethics and Use of Certificates and Logos/Marks and agree to abide by this code and regulation (published on CBIP website www.cbip.org.nz)

I agree that my application details may be stored by CBIP and that my certification and contact details may be published by CBIP.

Signature of Applicant: Date:

APPLICATION FEES	
<i>Please refer to latest schedule of fees</i>	
PAYMENT DETAILS:	Cheque <input type="checkbox"/> Credit Card <input type="checkbox"/> Internet Banking <input type="checkbox"/>
Amount Remitted: NZD \$	
CREDIT CARD DETAILS: Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express <input type="checkbox"/>	
Card No: _____	
Expiry Date: Name of Card	
Cardholder's Signature	
INTERNET BANKING – please include name and/or invoice number in reference field	
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A Proficiency Certificate is not a licence to practice, for which a Competence Certificate is required.	