



PO Box 8056  
New Plymouth

64 06 759 4360  
cbip-admin@clear.net.nz  
www.cbip.org.nz

**CERTIFICATION BOARD FOR INSPECTION PERSONNEL**

**APPLICATION TO RESIT / REMARK EXAMINATION**

THIS APPLICATION IS FOR: RE-SIT  RE-MARK

FULL NAME OF APPLICANT: Dr / Mr / Mrs / Ms / Other

.....  
(Surname) (Christian Name)

ADDRESS FOR CORRESPONDENCE:

.....  
.....

HOME PHONE: ..... CELLPHONE:.....

HOME EMAIL: .....

**EMPLOYMENT DETAILS:** *if unchanged from previous application leave blank*

COMPANY NAME: .....

WORK ADDRESS: .....  
.....

POSITION: .....

WORK PHONE: ..... WORK FAX: .....

WORK EMAIL: .....

WEBSITE .....

**APPLICATION DETAILS**

**DETAILS OF CERTIFICATE APPLIED FOR:**

INSPECTION DISCIPLINE .....

LEVEL / CLASS / MODULE .....

ENDORSEMENT / CODE

REGISTRATION NUMBER .....

PREFERRED EXAMINATION LOCATION: Auckland / Hamilton

New Plymouth  Christchurch

Signature of Applicant: ..... Date .....

*Please use a  
SEPARATE  
application form  
for each  
re-sit / remark*



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**APPLICATION FEES**

*Please refer to latest schedule of fees*

**PAYMENT DETAILS:** Cheque  Credit Card   
Purchase Order  Internet Banking

Amount Remitted: NZD \$ .....

CREDIT CARD DETAILS: Visa  Mastercard

Card No: \_\_\_\_\_

Expiry Date: ..... Cardholder's Signature .....

INTERNET BANKING – please contact Business Manger for account details

[Cbip-admin@clear.net.nz](mailto:Cbip-admin@clear.net.nz)

*Please charge my company / employer*

PURCHASE ORDER ..... (please attach)

*I acknowledge that until full payment is received, this application is "pending"*