

APPLICATION FOR ENTRY TO THE IAL CERTIFICATION PROGRAM

Please complete this form and return it to the IAL with copies of your transcripts (certified by a JP) with your payment to: IAL, PO Box 1804, Hornsby NSW 1635 or fax to (02) 9476 0792

Section 1. Which category or categories are you applying for?		
<input type="checkbox"/> Certified Meter Installer		
Section 2. Contact Details		
Surname	First name	
Postal address		
	State	Postcode
Phone	Email	
IAL membership no (If applicable)	Category	Expiry
Section 3. Record of Industry Experience		
<p>Complete the following record of industry experience for each of your employer(s) to verify your most recent 3 years of experience related to the category you are applying for. Please copy this page if additional pages are required. Note: The IAL reserves the right to verify these details with the employer and will do so at random.</p>		
Current employer	Name of Business	
	Branch or Depot	
	Contact Person	
	Business Phone	Email
	Position Held	
	Key jobs/tasks	
	Employment from:	to:
Previous employer	Name of Business	
	Contact Person	
	Business Phone	Email
	Position Held	
	Key jobs/tasks	
	Employment from:	to:
Previous employer	Name of Business	
	Contact Person	
	Business Phone	Email
	Position Held	
	Key jobs/tasks	
	Employment from:	to:

Section 4. Competencies gained	
Tick the boxes on the right to show you have provided transcripts or Statements of Attainment for both Competencies with your application.	
Certified Meter Installer	
NWP215A Monitor and maintain metering equipment	<input type="checkbox"/>
NWP306A Install complex flow control, measuring and regulating devices	<input type="checkbox"/>
Section 5. Payment Details	
Certification Fee: \$291.50 for members and \$423.50 for non-members (includes GST)	
Amount: \$	IAL Membership Number: (if applicable)
Payable by Cheque <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Amex <input type="checkbox"/> Diners <input type="checkbox"/>	
Card Number	Card Holder's Name
Signature	Expiry Date
Section 6. Continuing professional development	
I understand that my Certification is only bestowed for two years and is subject to renewal based on my continued involvement in the irrigation industry and my commitment to keeping my skills and knowledge current.	
I consent to my contact details appearing on the IAL website <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature	Date