

## The Application Form for Surveillance

\* Please complete in English, block letters.

Date of Application:

Name of the Applicant  Please fill in the same name as a AWE/WE/SWE certificate		Photo
	Signature of the Applicant:	
Date of Birth	Day / Month / Year / /	Age
Certificate	AWE/WE/SWE certificate no :	Issue date: Expiry date:
Highest Educational Qualification		
Name of Company/ Employer		
Department / Section		Position
Company Address		
Office Phone		Office Fax
E-mail		
Home address		IC number/ Passport number:
Home phone		Mobile phone

Employment record of last two years. Please provide complete information and details. Use additional sheet if needed

	Career and Job History Position / Post/ Designation/ Department. Dates	Job/Work Description E.g.: Design And Fabrication Of Pressure Vessel, Structure, Inspection Of Welding Quality, Design Of Welded Structure.
First Year		
Second Year (recent)		
Others activities (participation in welding seminar, courses, lectures, certification test, writing academic, book presentation, patents etc) :		

Confirmation from Superior/ Independent Third Party / Client/ Customer
Name:  Signature:  Position:  Department:

\*The surveillance fee: RM400.00

\*Completed surveillance form shall be submitted 3 months before the expiry date of certificate.