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Application Form for Re-certification

For Protective Coating Technician Level 1/Level 2 (Blaster and Painter)

Name of Applicant (as in IC/Passport)							
Date of Birth	Day / Month / Year	Age					Photo
IC or Passport No.							
Certificate No.		Issue Da	ate		Expiry D	ate	
Highest Educational Qualification							
Name of Company/ Employer							
Department/Section			Cur	rent Position			
Company Address							
Office Phone No.			Of	fice Fax No.			
E-mail							
Home Address						_	
Home Phone No.			Mok	oile Phone No.			
		_					

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

	Job History, Position and Department	Date	Job Description
First Year			
Second Year			
Third Year			
Fourth Year			
Fifth Year			

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Other activities (participation in seminatents etc). Use additional sheet if no	nar, courses, lectures, certification test, writing academic, book presentation, eeded.			
Signature of Applicant:	Date:			
Confirmation from Supervisor/Mana	7			
I hereby confirm that the above partic	culars provided by the applicant are correct.			
Name:	Position:			
Signature:	Company Stamp:			
Submission of Supporting Document	s			
Applicants are required to submit the f	following document with this application form. Completed re-certification form the expiry date of certificate. Please tick (🗸).			
Copy of IC/Passport				
Latest curriculum vitae (CV)				
Copy of current IMM competend	cy certificate and card			
	n of PCT L1L2 (Blaster & Painter) refresher course, if any ttend the refresher course. If you have been previously re-certified, it is mandatory)			
Copies of certificates of related of	courses attended to show professional development (if any)			
Any other documentary proof (if available) to show continued use of the skills required				
Proof of payment (incl. re-certification fee + IMM Membership fee)				
For IMM's Use Only				
Re-certification Suitability Checklist				
Continued work experience in the	ne related field			
Attended training or course(s) to	o show professional development			
Remarks:				
Payment received				
Decision on Re-certification				
Yes No Comments:				

Reviewed by IMM Secretariat	Approved by (on behalf of ECP)
Name:	Name:
Date:	Date:

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PAYMENT MODE

Payment can be made by cheque, telegraphic transfer, bank draft, cash deposit machine or via online/internet banking as follows:

Account Name: Institute of Materials, Malaysia

Account No: 8009055156
Swift Code: CIBBMYKL
Bank Name: CIMB BANK
Country: Malaysia

Please email your bank in slip as your payment proof to secretariat@iomm.org.my.

For fees payable and other inquiries, contact IMM Secretariat via email or call at 03-7880 1753. You can also refer to IMM website (www.iomm.org.my).