

4. DETAILS OF EXPERIENCE RELATIVE TO THE DESIGN, OPERATION, MAINTENANCE AND INSPECTION OF BOILERS AND AIR PRESSURE CONTAINERS

PERIOD FROM - TO	ORGANISATION NAME & ADDRESS	STATEMENT OF DUTIES/DEGREE OF RESPONSINILITY TYPE & CLASS OF EQUIPMENT	NAME OF PERSON FAMILIAR WITH EACH ENGAGEMENT

5. OTHER INFORMATION

MEMBERSHIP OF PROFESSIONAL ORGANISATION:

ARE YOU REGISTERED WITH ANY PROFESSIONAL BODY: YES NO

IF YES NAME OF THE PROGESSIONAL BODY:

DATE OF REGISTRATION:

I Certify that the Statements given above is true and correct.

.....
Signature of Applicant

Date.....

FOR OFFICIAL USE

Date of Receipt Application:

Date of Submission to Boiler Examiners Board:

.....
Signature of Chief Inspector

Date.....

We Recommend/Do Not Recommend the granting of a Licence at this time.

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**Signature of
Chairman Boiler Examiners Board**

Date