



## APPLICATION FOR REVIEW OF EXAMINATION

|                                       |               |
|---------------------------------------|---------------|
| Full Name of Applicant: (Given Names) | (Family Name) |
| Title:                                |               |
| Personal (Home) Address:              |               |
| Mobile Phone No:                      |               |
| Email address:                        |               |

|  |
|--|
| <b>Exam Details</b>  |
| Method / Level / Sector:   |
| Examination Venue:   |
| Examination Date:  |
| Type of Review:    Result Review or Reassess    /    Feedback    /    Other: |
| Brief outline of reason for request for review:                              |

**Supporting Documents:**

Please supply a copy of your results notice with this application.

**Payment:**

Should the review of the examination result in a change of the status of the examination (i.e. from Fail to Pass), no fee will be charged.

Should the review of the examination result in no change of the status of the examination (i.e. from Fail to Pass), a review/remark fee shall be charged. The fee shall be as per schedule of fees. Refer to AINDT website for current fees.

Failure to make payment where applicable, will result in delay or invalidation of AINDT certifications.

**Submission:**    For NDT [ndtcertification@aindt.com.au](mailto:ndtcertification@aindt.com.au) , For CM [cmcertification@aindt.com.au](mailto:cmcertification@aindt.com.au)

**Candidate Signature:**

**Date:**