



Application for Exemption / Special Consideration

Applicant Name:

Date of Birth:

Email:

Phone:

Membership Number:

Certification Number:

Exemption / Consideration Sought: Where applicable, specific reference to the clause or reference in the AINDT guide to certification must be included.

I understand that false or misrepresentation of status/details would be considered a breach of the AINDT code of ethics

Signed:

Date:

Reason/Extenuating Circumstances: In detail, explain the reason the special consideration is being requested. Where applicable, please include evidence.



AINDT OFFICE USE ONLY

Reviewer Name:

Reviewer Position:

Approval Status: Include Full Details

Conditions: Expiry Date etc

Signed:

Date: