

Section 1 – To be completed by applicant

Name: _____		
Surname	First Name	Middle Name
Address: _____		
Postal Code		
Telephone: () _____	Email address: _____	
Work Phone: () _____	Work e-mail address: _____	
Applicant – Please submit the following documents with your application.		
Note – Item 1) is <u>mandatory</u>.		
To verify:	A copy of my:	Is Attached
i) Pre-requisite	Proof of passing the National Board Commission Examination	<input type="checkbox"/>
ii) National Board Course	Proof of successful completion of the respective course for the examination that you are applying to write, e.g. 'A', 'B', 'N' or 'O'	<input type="checkbox"/>
	A - <input type="checkbox"/> B - <input type="checkbox"/> N - <input type="checkbox"/> O - <input type="checkbox"/>	
Note: Candidates with a technical diploma or degree do not require a copy of High School Diploma or GED.		
I hereby make application to write the National Board Endorsement examination.		
I would prefer to write the examination in: <input type="checkbox"/> March <input type="checkbox"/> June <input type="checkbox"/> September <input type="checkbox"/> December		
Signature: _____		Date: _____
Payment	<input type="checkbox"/> Cash (Counter Service Only)	<input type="checkbox"/> Mastercard
(Application fee is \$200.00 including G.S.T.*) Make cheque payable to ABSA. N.S.F. cheque subject to \$25.00 charge.	<input type="checkbox"/> Cheque - Enclosed	<input type="checkbox"/> Visa
		<input type="checkbox"/> AMEX
Card Number: _____	Expiry Date: _____	
Name on Card: _____	Signature: _____	
* Application fee is non-refundable but may be credited towards another examination date at ABSA's discretion. Administration fee to reschedule an exam will be \$25.00, G.S.T. included. Submit application at least 6 weeks prior to the exam date.		

Section 2 – To be completed by ABSA

Review – ABSA Certification	Approval – Chief Inspector
Application has been reviewed and my recommendation is: Acceptable <input type="checkbox"/> Not Acceptable <input type="checkbox"/>	I accept this recommendation.
Signature: _____	Signature: _____
Date: _____	Date: _____