

**APPLICATION FOR EXAMINATION**  
**Application for WIA Exam Service amateur radio examinations being conducted at:-**

On  /  / 20  
 By  Commencing at  am/pm

Please type or use neat BLOCK capitals to complete the following details...

**APPLICANT DETAILS**

|                |  |           |                      |          |                      |                      |    |                      |
|----------------|--|-----------|----------------------|----------|----------------------|----------------------|----|----------------------|
| Surname        | <input type="text"/>                             |           |                      | Title    | <input type="text"/> |                      |    |                      |
| Given names    | <input type="text"/>                             |           |                      | Callsign | <input type="text"/> |                      |    |                      |
| Date of Birth  | <input type="text"/> / <input type="text"/> / 19 | Telephone | <input type="text"/> |          | AH                   | <input type="text"/> | BH | <input type="text"/> |
| Home address   | <input type="text"/>                             |           |                      |          |                      | Postcode             |    | <input type="text"/> |
| Postal address | <input type="text"/>                             |           |                      |          |                      | Postcode             |    | <input type="text"/> |

**OPTIONAL**

Email Address:  Mobile Ph:

I hereby apply for examination in the subjects ticked below, and agree to abide by all the examination regulations and conditions. I also acknowledge:-

- (a) that the Wireless Institute of Australia, A.C.N. 004 920 745 (the "WIA"), furnishes exam papers for the Amateur Service and issues official results but the WIA does not take any responsibility for the loss of, error in, or damage to, exam papers or completed answer sheets, or for any failure or misconduct by any person purporting to be an accredited invigilator, any exam markers or exam administrators;
- (b) that my contract to sit for the exam is with the person purporting to be an accredited invigilator and not with the WIA, and I acknowledge the WIA is not responsible for the actual conduct of the exams and
- (c) that the results as issued by the WIA will be the final outcome of the exam and no correspondence will be entertained.

Signed  Date  /  / 20

| <u>EXAMINATIONS</u> | AACP                     | NOVICE                   |
|---------------------|--------------------------|--------------------------|
| Subject - Theory    | <input type="checkbox"/> | <input type="checkbox"/> |
| Regulations         | <input type="checkbox"/> | <input type="checkbox"/> |
| Morse Receiving     | <input type="checkbox"/> | <input type="checkbox"/> |
| Morse Sending       | <input type="checkbox"/> | <input type="checkbox"/> |

This application is to be forwarded to the Group Leader above, together with a remittance for the full fees due for the examinations.  
 PLEASE NOTE: Proof of identity will be required **before** the examination starts.

**Invigilators only MUST complete this section!!**

The candidate attended / did not attend the above examination event.

Identity was verified to our satisfaction by one of the following:-

Passport No.  Drivers licence No.   
 Employment card (with photograph) Yes/No   
 Student card (with photograph) Yes/No

Personally known to invigilator/s for at least 6 months

**Both Accredited Invigilators to sign**

|        |                      |           |                      |      |   |
|--------|----------------------|-----------|----------------------|------|---|
| AI No. | <input type="text"/> | Signature | <input type="text"/> | Date | <input type="text"/>                            |
| AI No. | <input type="text"/> | Signature | <input type="text"/> |      | <input type="text"/> / <input type="text"/> /20 |