



Initial Registration Form

Personal Details

Given Name(s)	Family Name
Contact details	
Address	
Telephone	
Mobile phone	
Email	
Place and Date of Birth (Town & Country)	

	Tick as appropriate	Complete where applicable:
Self-Sponsored	<input type="checkbox"/>	
Sponsored or arranged through AST Agent:	<input type="checkbox"/>	Agent / Sponsors Name or Organisation:
Perth College Student	<input type="checkbox"/>	

This Initial Registration Form must be accompanied by

- Certified true copy of photographic Identification*

Note:

*The photographic ID copy **must** be certified by an appropriate person with the statement "I certify this to be a true copy", with signature/date of signing and name in capitals. Ideally the photographic ID is to be a current, valid passport. If no passport is available the ID must be suitable (e.g. Company ID, Driving licence or Airside Security Pass) and adequate with a minimum requirement of a clear photographic image and pre-printed name written in English*

Declaration:

By entering my signature below I declare that the information given above is true and correct to the best of my knowledge and belief. I also declare that if any of this information changes I will inform Air Service Training immediately.

Signed..... Date.....

Office Use Only:

Action:	Initial:	Action:	Initial:
Details checked		Entered on database	
CTC / Photo ID checked		File created:	
		UIN:	



Application Form For Examinations Only

Personal Details

Given Name(s)	Family Name

Unique Identity Number (UIN) (from your SRS profile)	Yes / No:	If 'Yes' enter number below:
If 'No' (no UIN held) - Initial Registration Form must be submitted:	Form completed ✓	Checked:

	Tick as appropriate	Complete where applicable:
Self-Sponsored	<input type="checkbox"/>	
Sponsored or arranged through AST Agent	<input type="checkbox"/>	Agent / Sponsors Name or Organisation:
Perth College Student	<input type="checkbox"/>	

This application must be accompanied by the appropriate payment.

Payment Details (if applicable)

Payment method	Cash / Cheque / Card / ELC / Other
Invoicing details (if required)	
Name	
Address	
Telephone	
Mobile phone	
Email	

Please send payment for examinations with this application unless special arrangements have been made. Cheques payable to Air Service Training (Engineering) Limited.

Acceptable photographic ID must be produced prior to entry to the examination. Those candidates who cannot produce acceptable photographic ID will not be allowed to enter the examination room.

Full AST Terms and Conditions are available from the AST Admin Office and on the AST website.

Examination(s) Applied For

Category B Module	Date of Examination to be taken	Dates of any previous attempts taken for each Module	Organisation where these previous attempts were taken
1			
2			
3			
4B1			
4B2			
5B1			
5B2			
6			
7			
7 ESSAY			
8			
9			
9 ESSAY			
10			
10 ESSAY			
11			
12			
13			
14			
15			
16			
17			

Approved IR Part 66 Examination(s) <u>NOT</u> listed above				
<i>Note: Specify 'Category' and 'MCQ' or 'Essay' for EACH examination requested below</i>				
IR Part 66 Category	Module/Part Module	Examination date (if known)	Dates of any previous attempts taken for each Module	Organisation where these previous attempts were taken

Your signature certifies that you have not taken and failed the same module examination at AST or any other Part 147 organisation within 90 days of the date of this examination. Also that you have observed the rule that states the maximum number of consecutive attempts for each module is three. Further sets of three attempts are allowed with a 1 year waiting period between sets.

By entering my signature below, I declare that I have read, understood and agreed to the AST terms and conditions and that the information given above is true and correct to the best of my knowledge and belief. I also declare that if any of this information changes I will inform Air Service Training immediately.

Signed.....

Date.....