

# AUSTRALIAN PROFESSIONAL THERMOGRAPHY ASSOCIATION INC.

*There's more to Thermography than meets the eye.*

PO Box 3154 Asquith NSW 2077 Phone: (02) 9477 2168 Facsimile: (02) 9476 2458  
Email: admin@auspta.asn.au Website: www.auspta.asn.au

## Application for Recognition of Practical Experience by Referee

This document is for use by applicants with extensive or long term experience in Thermography wishing to apply for membership Level One or Level Two of the Australian Professional Thermography Association (AUSPTA).

Applicants with less experience may apply using AUSPTA Practical Experience Log (AUSPTA document 021).

Please refer to the Membership Application form for listings of Industry User Groups (AUSPTA document 002).

**All sections of this document MUST be completed.**

Applicant Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_ Mobile \_\_\_\_\_  
\_\_\_\_\_ email \_\_\_\_\_  
Membership Level Applied For \_\_\_\_\_ Industry User Group/s \_\_\_\_\_

### REFEREE One.

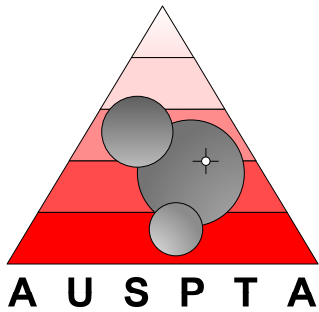
I, \_\_\_\_\_ declare I have known the applicant \_\_\_\_\_  
for \_\_\_\_\_ years and I am qualified to attest to his/her experience in the AUSPTA Industry User Group  
membership is being applied for.

Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_ Mobile \_\_\_\_\_  
\_\_\_\_\_ email \_\_\_\_\_

Signature \_\_\_\_\_ Industry User Group/s \_\_\_\_\_

#### OFFICE USE

Ref Number \_\_\_\_\_ Validated By \_\_\_\_\_ Audited By \_\_\_\_\_  
Member Number \_\_\_\_\_ Member Number \_\_\_\_\_  
Date \_\_\_\_\_ Date \_\_\_\_\_



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## REFEREE Two.

I, \_\_\_\_\_ declare I have known the applicant \_\_\_\_\_  
for \_\_\_\_\_ years and I am qualified to attest to his/her experience in the AUSPTA Industry User Group  
membership is being applied for.

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Mobile \_\_\_\_\_

email \_\_\_\_\_

Signature \_\_\_\_\_

Industry User Group \_\_\_\_\_

## REFEREE Three.

I, \_\_\_\_\_ declare I have known the applicant \_\_\_\_\_  
for \_\_\_\_\_ years and I am qualified to attest to his/her experience in the AUSPTA Industry User Group  
membership is being applied for.

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Mobile \_\_\_\_\_

email \_\_\_\_\_

Signature \_\_\_\_\_

Industry User Group \_\_\_\_\_

### OFFICE USE

Ref Number \_\_\_\_\_

Validated By \_\_\_\_\_

Audited By \_\_\_\_\_

Member Number \_\_\_\_\_

Member Number \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_