PROFESSIONAL CERTIFICATION SCHEME FOR TESTING PERSONNEL 
SUPPLEMENTARY INFORMATION FORM
(HOKLAS SIGNATORY APPLYING FOR EXEMPTION OF EXAMINATION)

Applicant to complete Sections A, B and C.
Supporter to provide specimen initial in Section D and to initial those parts of Section C which are appropriate.

Complete in block letters or type exemption

Section A □ Application details

Surname Application No.

Other Names

Year of relevant experience

Company Name

Section B □ Obligation

1. I, the undersigned, agree that, in the event of being certified by the Hong Kong Association for Testing, Inspection and Certification Limited, I commit to abide with the Regulations as set for the Professional Certification Scheme of Testing Personnel, as it now is, or as it may hereafter be amended. I shall pay all subscriptions, as set by the Certification Board from time to time, provided that whenever I shall signify my wish to resign, in writing, to the Secretariat I shall, after the payment of any arrears which may be outstanding, be free from this obligation.

2. I declare that the above statements on this form are true and correct.

Signature of applicant Date

* PLEASE DELETE AS APPROPRIATE
Section C  □  HOKLAS Approved signatory details
Photocopies of documentary evidence of scope of tests for which HOKLAS signatory granted (extract of related tests only) and Annex II of the most recent Notification Letter must be produced and endorsed by at least one Supporter as a true copy.

<table>
<thead>
<tr>
<th>From Mth/Yr</th>
<th>To Mth/Yr</th>
<th>Test Category</th>
<th>Areas</th>
<th>Verifying Initials of Supporters</th>
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Section D  □  Attestation by Supporter

I, the undersigned, support the Applicant from personal knowledge, as a person worthy of consideration for certification to the level of testing personnel and I endorse the correctness of those parts of Section A which we have identified by my initial.

Initals

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<tr>
<th>Supporter</th>
<th>Full Name (in block letters)</th>
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<td>Certified Testing Professional (provide CTP No.) or Supervisor of applicant (Title)</td>
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Signature

FOR PROGRAMME SECRETARIAT USE ONLY

Application No: __________________________ Evidence sufficient: Yes □ No □
Date received: __________________________ Confirmation date: __________________________
Exemption for written examination: Yes □ No □
Reviewed by : __________________________ Checked by: __________________________

主辦機構
Organised by

香港測驗認證協會有限公司
Hong Kong Testing, Inpsection and Certification Ltd.

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