

## AIR FILLERS APPLICATION 2018 - 2019

Application to become certified as filler under Regulations 6.23 and 15.66 of the Health and Safety at Work (Hazardous Substances) Regulation 2017

**Candidate Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Candidate statement:

I verify that I have received training in air filling procedures and relevant regulations and feel competent in participating in the area for which I have been trained.

Photocopy of a Current New Zealand Driving License.

Candidate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Application and registration fee \$115.00 incl. GST must be made to:**

**Air Purity Ltd**  
PO Box 875,  
Shortland Street  
Auckland, 1140

**Westpac Bank**  
03 1509 0210697 00  
Please include your company name and  
surname as a reference

**Authorised Trainer Name:** \_\_\_\_\_

Facility: \_\_\_\_\_ Air fillers or NZUA Signatory No: \_\_\_\_\_

Trainer statement:

I verify that I have completed all required assessments with the candidate named above.

NZUA Trainer signature: \_\_\_\_\_ Date: \_\_\_\_\_

Opt in to NZ Underwater newsletters

**Air Purity/New Zealand Underwater / OFFICE USE ONLY** Date received: \_\_\_\_\_

Checklist  Application form  Registration Fee

Air Fillers No \_\_\_\_\_  Candidate details logged

Certificate forwarded to Trainer

Name of Compliance Certifier: Stephen Bishop TST100074 Signature: \_\_\_\_\_