



National Welder Training Standard

Form for Centres to apply for Licences to Practice

Name and full address of Centre _____

Postcode _____

Contact Person _____

Email address _____

Telephone Number _____

Fax Number _____

Please provide copies of the VRQ certificates for the candidates seeking the Licence to Practice and their photographs. Each photograph should be signed on the back by the centre contact person quoting 'I certify that this is a true likeness of <name>' signed:

Please return the completed form to:

Mrs Clare McGrath
Certification Administrative Team Leader
Granta Park
Great Abington
Cambridge
CB21 6AL

Tel: 01223 899000
Fax: 01223 894219
Email: twicertification@twi.co.uk