

# STA TRAINING SDN BHD

Registration No.: 200201007373 (575036-M)

## Application Form for Re-Assessment

## Form 5

To: Manager, STA Training Sdn Bhd (STAT)

### Section 1: Applicant Information

Name of Company/Organisation: \_\_\_\_\_

Venue of Re-Assessment (Camp): \_\_\_\_\_ License No :  T: \_\_\_\_\_

LPF: \_\_\_\_\_

Training Coordinator: \_\_\_\_\_

Tel. No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Section 2: Candidate Information

Name of Re-Assessment Course: \_\_\_\_\_

No.	Candidate's Full Name	I.C / Passport No.	SMTF No.	Course
1.				
2.				
3.				
4.				
5.				
6.				

### Section 3: Declaration

I, representing \_\_\_\_\_ would like to declare that all the name listed above are ready to be re-assessed by STAT's Assessor.

\_\_\_\_\_  
Signature of Training Coordinator

Date:

### Section 4: For STAT Office Use

I am pleased to inform that the re-assessment will be conducted on the following date:

\_\_\_\_\_.

Verified by

\_\_\_\_\_  
Signature of STAT Manager

Date:

**Note:** Original form **MUST** be submitted to STA Training Sdn Bhd.  
Form flow: Training Coordinator → STAT Manager → STAT Assessor