

**Ruane-TATI Sdn Bhd** 513550 U

*Training & Examinations in Inspection and Non-Destructive Testing*  
PT 4847, Jalan Panchor, Telok Kalong, 24000 Kemaman, Terengganu, Malaysia.  
Tel: 609-8631033 Fax: 609-8631034  
Email: [admin@ruane-tati.com](mailto:admin@ruane-tati.com)  
Website: [www.ruane-tati.com](http://www.ruane-tati.com)

**API 653**  
**CERTIFIED STORAGE TANK INSPECTOR**



**TRAINING / COURSE**  
**( 8 DAYS )**

**DATE : 04 JAN 09 – 11 JAN 09**  
**( EXAM ON MARCH 2009 )**

- \* *Inclusive of lunches, all tea breaks, course materials ,codebooks and exclusive API t-shirt*
- \* *Exercise questions will be asked and answered during 8 days training*
- \* *End of course assessment similar to API examination*
- \* *Qualified and experience instructor (s) to present the course*

***Fees***

<b>Course</b>	<b>Course fee</b>	<b>Exam fee</b>	<b>Course + Exam</b>
<b>API 653 : CERTIFIED STORAGE TANK INSPECTOR</b>	<b>RM 5,800</b>	<b>RM 3,100</b>	<b>RM 8,900</b>
<b>DISCOUNT : 80% - SMIDEC</b>	<b>RM 1,160</b>	<b>RM 620</b>	<b>RM 1,780</b>

For more information please contact :

**Zamree bin Harun**

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Mobile : +017 9060969

Fax : +09 8631034

Email : [zamree@ruane-tati.com](mailto:zamree@ruane-tati.com)

**\*\* Seats are limited to the first 20 participants only**

# ***Ruane – TATI Sdn Bhd***

The Asian Training Centre of Non-Destructive Testing And Inspection for A Successful Quality Future

PT 4847, Jalan Panchor, Teluk Kalong, 24000 Kemaman, Terengganu, Malaysia.

Tel: 609-863 1033 Fax: 609-863 1034 Website: [www.ruane-tati.com](http://www.ruane-tati.com) Email: [admin@ruane-tati.com](mailto:admin@ruane-tati.com)

## **ENROLMENT FORM FOR COURSES**

PLEASE WRITE CLEARLY USING CAPITAL LETTERS

Course Name :     API 510                       API 570                       API 653

Date Commencing : \_\_\_\_\_

### **PERSONAL INFORMATION**

Name of Applicant : \_\_\_\_\_

NRIC / Passport No. : \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Tel No. : \_\_\_\_\_ H/P No. : \_\_\_\_\_

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

Company Name : \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Tel No. : \_\_\_\_\_ Fax No. : \_\_\_\_\_

### **PAYMENT BY COMPANY ORDER**

*Please invoice my company for total payable*

Company Order No. : \_\_\_\_\_

Authorised Signature: \_\_\_\_\_

Print Name : \_\_\_\_\_

Position Within Company : \_\_\_\_\_