

Dangerous Goods Safety Adviser - Examination

DIRECTIONS:

Please note that it is the responsibility of the applicant to ensure that this application form is completed in full and returned with the required attachments to the address shown below by the date specified.

1. To Qualify as a DGSA, you must pass three subjects as follows:
 - Core
 - Mode paper (ROAD)
 - All Classes
2. Candidates must complete Section A of this form IN FULL and Section B should be completed at your local Garda Station - as your **signature** must be witnessed by the Garda when signing your application form.
3. The completed examination application form should be **accompanied by;**
 - **Two Recent Passport Size Photographs.** (*Which should be signed on the back by the Garda witnessing your signature*).
 - **Your Examination Fee of**

Euro €390.00	- Three exams
Euro €260.00	- Two exams
Euro €130.00	- One exam

The Repeat examination fee is €130.00 (per subject) provided that the candidate resits the failed subject within 12 months of the original examination date.

Cheques, Postal Orders and Money Orders should be made payable to "The Chartered Institute of Logistics & Transport". Please do not send cash in the post.

*Examination entry fees will **NOT** be refunded except where a candidate is unable to sit the examination through illness. In this case, a doctor's certificate must be supplied.*

4. The closing date for receipt of completed application forms for the DGSA Examination is **5.00 p.m. on FRIDAY 6th OCTOBER 2017.**
A late application fee of €60 will apply to those candidates whose application forms are received between 9th and 13th October 2017, after this date no further exam applications will be accepted.
5. **The D.G.S.A. Examination date is Friday 3rd NOVEMBER 2017.** The timetable for the examinations will be advised to you with your examination number prior to the exam date. (If you have not received this information by MONDAY 30th October 2017, it is important you contact this office **immediately** as this may indicate non receipt of your application. (Ph: 01-6763188 or email: pauline@cilt.ie)
6. The examination will take place at centres in Dublin, Cork, Galway (subject to numbers). Additional venues may be provided if numbers warrant. CILT will contact candidates to advise nearest centre to attend for examination.
7. **Candidates will be informed of their results by post within 40 working days from date of examination. Results will not be conveyed by phone under any circumstances.**
8. **Please return your completed exam application form to: D.G.S.A. Applications, The Chartered Institute of Logistics & Transport in Ireland, 1 Fitzwilliam Place, Dublin 2. (Tel:01.6763188)**



The Chartered
Institute of Logistics
and Transport

NOVEMBER 2017

For Office
Use Only

Dangerous Goods Safety Adviser Examination APPLICATION FORM

Please read the directions overleaf carefully before completing this form in **BLOCK CAPITALS** Only

SECTION A

*Title: _____ * First name: _____ *Surname: _____

(Mr. Mrs etc)

*Address: _____

Company Name & Address _____

*Email Address: _____

*Daytime Phone Number: _____ * Date of Birth ____/____/____

*Country of Birth: _____ * Nationality: _____

* Have you previously made an entry for a DGSA Examination? Yes ☐ No ☐

If yes please indicate your previous Candidate/Certificate number to allow us match your results with previous records.

Name of Course Provider (If Applicable) _____

*Examination(s) that you wish to sit:

CORE

☐

ALL CLASSES

☐

MODE - ROAD

☐

*Examination Centre: (Please see note overleaf for explanation).

*Mandatory fields to be completed by candidate

Incomplete forms will not be processed and will be returned to sender

SECTION B

*Signature of Applicant: _____

(Only to be signed when being witnessed by a Garda)

The following to be completed by Garda:

I hereby certify that I have witnessed the above applicant's signature on this form and that it is in his/her own handwriting and that the accompanying photographs (*on the back of which I have signed my name*) are a true likeness of the applicant.

*Signature: _____ *Rank: _____

*Address / Station: _____

NOTE: where a section is marked with * it is compulsory to complete or the application form will not be accepted for examination and returned to the applicant.