

Application No.:

Approval No.:

A. About the Institute (學會簡介)

Hong Kong Institute of Utility Specialists (HKIUS) was established in 2002 as a non-profit making organization. It aims to promote and advance the knowledge and practice of underground utility services, and the creation and maintenance of a high standard of professional qualification in utility surveying.

B. Additional Discipline(s) (額外範疇)

- | | |
|--|---|
| <p>A. Conduit Condition Evaluation (CCTV and ME Survey),
CCE(CCTV & ME) 管道狀況評價(排水)</p> <p>B. Manhole Internal Condition Survey,
MHICS 沙井狀況評價</p> <p>C. Utility Survey (Pipe Cable Locator Survey, PCL),
US(PCL) 管綫測量</p> <p>D. Water Leakage Detection and Control,
WLD 漏水監控</p> <p>E. Advanced Leakage Detection of Buried Water Carrying
Services Affecting Slopes,
BWCS 斜坡管道測漏</p> <p>F. Pipe Rehabilitation by Trenchless Technology,
PR 管綫維修(非開挖工程技術喉管修補)</p> <p>G. GPR (Ground Penetrating Radar) Survey,
GPR 管綫雷達探測</p> | <p>H. Flow Study in Drainage Conduit,
FLOW 流量監控</p> <p>I. Pipe Condition Surveys by other non-destructive method,
PCS 管道狀況評價</p> <p>J. Data Management for Utility Records,
DM 管綫資料管理</p> <p>K. Utility Management,
UM 管綫管理</p> <p>L. Project Management for Utility Industries,
PM 管綫項目管理</p> <p>M. Building Information Modeling,
BIM 建築資訊模擬 (基建)</p> <p>N. Infrared Scanning,
IRS 紅外線檢測</p> <p>O. Non-Destructive Testing,
NDT 非破壞性試驗</p> <p>P. Membership without Discipline, Others 其他</p> |
|--|---|

Please enter your **EXISTING** discipline(s) here:

Please enter your **APPLIED ADDITIONAL** discipline(s) here:

C. Applicant's Particulars (申請人資料)

HKIUS Membership no. : _____

Full Name: (Prof/Dr/Ir/Mr/Mrs/Ms*) _____

Chinese Name: _____ HKID (Passport) No.: _____

Sex: _____ Age: _____ Date of Birth: DD MM YY

Mobile no.: _____ Tel (Home): _____

E-Mail: _____

Home Address: _____

Company Name: _____

Department: _____ Position: _____

Tel (Office): _____ Fax: _____

Company Address: _____

*I would like the association to send all correspondence to my HOME / BUSINESS * address.*

No. of HKIUS Individual Members (For Company Member Only)

Hon. Fellow Member : _____ Fellow Member : _____ Manager Member : _____

Operative Member : _____ Associate Member : _____ Affiliate Member : _____

* Delete or circle as appropriate

Application No.:

Approval No.:

D. Sponsor's Particulars (支持者資料)

1) Full Name: (Prof/Dr/Ir/Mr/Mrs/Ms*) _____

Chinese Name: _____ HKIUS membership No.: _____

Signature: _____ Date: _____

2) Full Name: (Prof/Dr/Ir/Mr/Mrs/Ms*) _____

Chinese Name: _____ HKIUS membership No.: _____

Signature: _____ Date: _____

* Delete or circle as appropriate

E. Academic Qualification(s) for applied discipline(s) and Dates (新增額外範疇的教育及專業資格)

Qualification(s) Obtained	School/Institution/University	Year

F. Training Details and Dates for applied discipline(s) (新增額外範疇的培訓紀錄)

Certificate(s) Obtained	School/Institution/University	Year

G. Other Professional Qualification(s) for applied discipline(s) (新增額外範疇的其他專業資格)

Professional Body	Grade of Membership	Division	Year of Election

H. Working Experiences for applied discipline(s) (新增額外範疇的工作經驗)

Organization	Position Held	Dates

I declare that the particulars given above are true and correct. (茲證明上述資料正確)

Applicant's Signature or Company Chop (for Company Member)
申請人簽署及公司蓋章 (只限公司會員)

Date
日期

Application No.:

Approval No.:

I. Submission (呈交)

Please send a crossed cheque (\$1,000.00 independent of number of discipline of application) payable to "Hong Kong Institute of Utility Specialists" photocopies of Academic Qualifications, Training Details, Professional Qualifications, if appropriate to No. 38A, Kam Sheung Road, Kam Tin, Yuen Long, N.T. or fax to (852) 2618 4500

For Official Use Only (只供內部使用)

Application Received by: (Name & Date) _____ Application Handled by: (Name & Date) _____

Result of Review:

Application reviewed by: (Name) _____ (Date) _____

Application Accepted by review: Yes/No Signature of Reviewer: _____

Additional Information required: Yes/No Details: _____

Interview Required: Yes/No Confirmed Date: (By Admin.) _____

Assessment required: Yes/No Confirmed Date: (By Admin.) _____

Result of Interview/Assessment:

Application accepted by Interview/Assessment: Yes/No Details: _____

Recommended Membership Type: _____ Disciplines: _____

Interviewer/Assessor: (Name) _____ Authorized Signature: _____ (Date) _____