



APPLICATION FOR CERTIFICATION POST EXPERIENCE

**APPLICATION FOR CERTIFICATION WHERE EXPERIENCE IS GAINED FOLLOWING EXAMINATION
(THIS APPLICATION FORM MUST BE SUBMITTED WITHIN 2 YEARS OF THE INITIAL EXAMINATION)**

INFORMATION TO BE PROVIDED BY APPLICANT

This application form asks for specific details on experience and must be signed to the effect that these details are correct (if uncertain of the requirements, consult the Certification Records Office before proceeding). Please complete all of the following parts.

PART 1. CANDIDATE'S PERSONAL DETAILS

First Name:			
Last Name:			
Date of Birth			
Certificate holder number(if known):			
Candidate's usual residence, including postal code (this address will be printed on the certificate):			
Address, including postal code, to which the certificate, when issued, is to be sent.			
By ticking(✓) this box I authorize the issuing agency to send the certificate to the above address:			
Telephone number:			
E-mail address:			
Passport or other Identity proof details:			
It may be possible to make provision in qualification examinations for disabled candidates. If you are disabled please bring this fact to the attention of the examining body.			

PART 2: CURRENT EMPLOYMENT DETAILS

Employer's name and address(including post code):			
E-mail		Telephone	

PART 3: QUALIFICATION EXAMINATION DETAILS

Examination Result Reference:		Previous examination date:	
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PART 4: RECORD OF PRE OR POST CERTIFICATION EMPLOYMENT

Employing organisation	Date from/to	Telephone number and e-mail address

PART 5: CANDIDATE'S STATEMENT CONFIRMING ELIGIBILITY FOR CERTIFICATION:

I have read and understand the General Requirements for the certification of personnel engaged in NDT (PCM-01), particularly the criteria for eligibility, and hereby confirm that I satisfy those criteria covering vision, training and experience applicable to the level and NDT method for which I am seeking certification. In the event that I should be awarded certification. I agree to comply with the Code of Ethics(published as document F-171).

I understand that, in the event of a false statement being discovered, any certification awarded as a result of such a declaration will be null and void.

SIGNATURE:.....DATE:.....



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PART 6: RECORD OF PRE AND POST CERTIFICATION EXPERIENCE

NDT Method	NDT Technique	Details of application, procedure, code or standard	Experience gained		Signature, name and contact e-mail or telephone number of certificated supervisor
			from	to	

PART 7: PAYMENT

Name and address for invoice (if different from candidate's), including telephone number and e-mail address:



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PART 8: VERIFICATION OF CANDIDATE'S STATEMENT BY THE SPONSOR, EMPLOYER OR, IF THE CANDIDATE IS SELF-EMPLOYED, A REFEREE.

To the best of my belief, the candidate's statement given above is correct at the time of signing.

Name:		E-mail	
Position:		Company:	
Telephone:		Signature:	

PART 9. FOR USE BY THE CB

Application Reviewed for compliance with Eligibility Criteria for Issuing ISO9712 Certificate			
Application Approved*		Reason for Rejection:	
Application Rejected		Candidate Cert Number (allotted)	
Date			
Reviewed By:		Signature:	

*Approval subject to 100 percent verification from the employer by the CB

Attachment Required:

- 1) visual acuity and colour perception tests recorded on F-183.
- 2) Respective payment to the CB.
- 3) Ensure that the application will reach the certification body's Office within the 2 years following the exam date.