BSS NDT Pvt. Ltd.

APPLICATION FOR SUPPLEMENTARY OR RECERTIFICATION EXAMINATION, OR A RETEST OF A PREVIOUSLY FAILED EXAMINATION

This form is to be completed by candidates for recertification, retest of previously failed initial examinations, or a supplementary examination (to extend the scope of an existing certificate) in any designated NDT method and industry or product sector.

INFORMATION TO BE PROVIDED BY APPLICANT (PART 1 to 7)

PART 1. CANDIDATE'S PERSONAL DETAILS

First Name:	
Certificate holder number (if known):	
Date of Birth:	
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 postal code):	
Employer's Telephone:	
Employer's e-mail:	
Candidate's position in the organisation:	
Employment status (employed or self-employed):	

BSS NDT Pvt. Ltd.
APPLICATION FOR SUPPLEMENTARY OR RECERTIFICATION EXAMINATION, OR A RETEST OF A PREVIOUSLY FAILED EXAMINATION

PART 3. EMPLOYMENT HISTORY

This section is applicable only to recertification applicants - list all employers during previous 5 years, continuing on a separate sheet if necessary,

Employing organisation	Period of employment (from – to)	Contact name and telephone number for verification purposes

PART 4. EXAMINATION APPLIED FOR

(to be completed by all applicants - check examination availability with the Test Centre before completing)

Examination type(supplementary, recertification or retest of a previously failed examination):									
Products or industry sector in which certification is sought Castings (c), Welds (w) , Forging (f) , Tubes and Pipes (t) , Wrought products (wp) except forging, pre & in-service inspection:									
NDT method (tick):	RT	UT	MT	PT	BRS	ET	RI	PAUT	TOFD
Level (tick box). N.B:- RI is level 2:	1	2	3	If level 3 retest, state whether Basic or Main Method:					
If recertification or supplementary, give applicable certificate number and expiry date; if retest, give applicable previous result reference									
Preferred examination date and venue:									

PART 5. PAYMENT (complete applicable sections only)

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

BSS NDT Pvt. Ltd.
APPLICATION FOR SUPPLEMENTARY OR RECERTIFICATION EXAMINATION, OR A RETEST OF A PREVIOUSLY FAILED EXAMINATION

PART 6: CANDIDATE'S STATEMENT CONFIRMING ELIGIBILITY

Candidate's full name:	
Holder number (if existing certificate holder):	

I have read and understand Personal certification manual PCM for personnel engaged in NDT, particularly the criteria for eligibility, and hereby confirm that I satisfy those criteria applicable to the level and NDT method for which I am seeking certification. In the event that I am awarded certification. I agree to comply with the Code of Ethics (F-171). I also understand that, in the event of a false statement being made in this application, any certification awarded as a result of success in the examination will be null and void.

I understand that the Non Destructive Personnel Certification [NPC] will hold and may use personal data supplied by me for administration purposes. The data may also be used to send separate unsolicited mailings* containing details of events, new services, products etc.

Signature:		Date:	

*You have the right to ask the Non Destructive Personnel Certification [NPC] not to send such mailings. If you do not wish to receive this information, please tick this box [ ]. You also have the right of access to personal data that we hold about you, on payment of an access fee.

PART 7: VERIFICATION OF CANDIDATE'S STATEMENT
(by the 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 8. FOR USE BY THE CB

Application Reviewed for compliance with Eligibility Criteria for Taking ISO 9712 examinations			
Application Approved		Reason for Rejection:	
Application Rejected		Candidate Cert Number (allotted)	
Date			
Reviewed By:		Signature:	