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|  <b>BSS NDT</b><br><small>ON DESTRUCTIVE TESTING Pvt. Ltd.</small><br><b>NDT TRAINING AND SERVICES</b> | BSS NDT Pvt. Ltd.                                           |                |                          |
|                                                                                                                                                                                         | <b>Renewal and Recertification of Level 3 Certification</b> |                |                          |
|                                                                                                                                                                                         | Form No.<br>F-184                                           | Revision<br>02 | Issue Date<br>04-08-2026 |

## GUIDANCE FOR LEVEL 3 RENEWAL AND RECERTIFICATION

Information for certificate holders seeking renewal at the end of the first five-year certification period and recertification at the end of the subsequent five-year period.

### 1. General Requirements

1.1 The certificate holder is responsible for initiating renewal. The application should be submitted during the six (6) months preceding the certificate expiry date. To avoid interruption of certification, the completed application should reach the Certification Body at least four (4) weeks before expiry.

1.2 Where a certificate has expired, an application for late renewal may be made using Form F-186, provided it is submitted no later than twelve (12) months after the expiry date. Form F-186 may also be used in advance where the holder expects that renewal cannot be completed by the expiry date and wishes to request deferred renewal. Approval of late or deferred renewal/recertification does not extend the validity of the expired certificate.

1.3 When renewal is requested more than twelve (12) months after expiry, the applicant shall be treated as an initial candidate and shall follow the applicable examination route.

Note: Late or deferred applications are subject to the applicable additional administrative fee.

1.4 An applicant who selects the structured credit route but does not achieve the required credit criteria shall proceed through recertification by written examination. Where the first recertification examination attempt is unsuccessful following a structured-credit application, one retest is permitted within six (6) months from the date of that application.

1.5 The applicant shall provide documented evidence acceptable to the Certification Body demonstrating continued practical competence in the method. Where such evidence is not available, the applicant shall successfully complete the applicable Level 2 practical examination, excluding preparation of NDT instructions.

### 2. Renewal of Level 3 Certification

2.1 For renewal, the certificate holder shall submit the current F-184 application together with evidence of satisfactory visual acuity recorded on Form F-183 and completed within the twelve (12) months preceding renewal.

2.2 The employer or authorized representative shall confirm that the certificate holder has satisfactorily applied the NDT method for which renewal is requested and has done so without significant interruption during the certificate validity period.

2.3 A separate Annex A application shall be completed for each certificate sector/method. The applicant completes Parts A, B and C; Part D shall be completed by the employer or authorized representative.

2.4 The application package shall include:

- Form F-183 – current visual acuity evidence;
- Annex C – Level 3 Task Record;
- Annex D1 – NDT Employment History;
- Annex B2 – Record of Structured Credit Points, where applicable; and
- the applicable renewal/recertification fee in accordance with FP-141.

Applications may be submitted to the BSS NDT Certification Body by the approved postal or electronic submission method. An administrative fee may apply to rejected applications in accordance with FP-141.

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### 3. Recertification of Level 3 Certification

3.1 The certificate holder shall initiate recertification during the six (6) months preceding expiry. To maintain continuity, Form F-178 should be submitted not later than four (4) weeks before the certificate expiry date.

3.2 Evidence of satisfactory visual acuity meeting Form F-183 requirements and completed within the preceding twelve (12) months shall accompany the recertification application.

3.3 Five years after renewal, Level 3 certification may be revalidated for a further five-year period when the applicable recertification requirements are satisfied.

3.4 For recertification by either written examination or structured credit, the applicant shall provide acceptable evidence of continued practical competence at Level 2 using Annex D. Where Annex D cannot be satisfactorily completed, the applicable Level 2 practical examination shall be passed. A holder of a valid Level 2 certificate in the relevant scope is exempt from this additional demonstration.

3.5 A Level 3 applicant shall satisfy the applicable renewal criteria and complete either of the following recertification routes:

- Written examination: 20 closed-book multiple-choice questions covering application of the NDT method in the relevant industrial/product sector(s), plus 10 open-book multiple-choice questions covering the General Requirements for Certification (PCM-01); or
- Structured Credit System: fulfil the requirements specified in Annexes B1 and B2.

3.6 Where recertification by either route is requested more than twelve (12) months after expiry, the applicable main-method examination, including the Level 2 practical examination, shall be required.

### 4. Recertification by Written Examination

4.1 Applicants choosing the written examination route shall submit Form F-178 to the Certification Body together with current visual acuity evidence and evidence of Level 3 work activity using Annex C.

4.2 A minimum grade of 70% is required in the recertification examination. If this grade is not achieved, up to two retests of the complete recertification examination are permitted, with at least seven (7) days between attempts and completion within twelve (12) months.

4.3 Failure in both permitted retests results in non-revalidation of the certificate. To regain certification for the relevant method and sector, the candidate shall successfully complete the applicable main-method and Level 2 practical examinations after training equivalent to 50% of the initial training requirement and acceptable to BSS NDT.

### 5. Recertification Through the Structured Credit System

5.1 Under this route, Level 3 certificate holders accumulate credit for qualifying NDT and professional activities completed during the five (5) years preceding recertification, as listed in Annex B1.

5.2 Annual and five-year limits apply to individual activities to ensure that qualifying professional activity is distributed appropriately across the recertification period.

5.3 A separate application is required for each certificate sector/method. Parts A, B and C of Annex A are completed by the applicant and Part D by the employer or authorized representative.

5.4 The application shall be accompanied by current visual acuity evidence, Form F-174 where the wallet card is ten years old or older, Annex B2 demonstrating the required points, Annex C, Annex D1, and the applicable fee specified in FP-141.

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### ANNEX A – APPLICATION FOR LEVEL 3 RENEWAL / RECERTIFICATION

#### Part A – Applicant and Certification Details

|                                    |  |
|------------------------------------|--|
| Applicant's Full Name              |  |
| Date of Birth                      |  |
| Correspondence Address             |  |
| Postal Code                        |  |
| Telephone Number                   |  |
| Email Address                      |  |
| Candidate Identification No.       |  |
| Certificate Number                 |  |
| Certificate Expiry Date            |  |
| Employer / Organization            |  |
| Department                         |  |
| Current Position / Job Description |  |

#### Part B – Evidence of Continued Level 3 Activity

Using Annex C, provide details of at least ten (10) verifiable Level 3 tasks relevant to the certificate being renewed or recertified and performed during the certificate validity period. The record shall identify:

- the organization or client for whom the activity was performed;
- the date of the task;
- the material, product, plant or structure involved;
- the applicable code, standard, specification or procedure reference; and
- a verifier's name and contact details sufficient to permit confirmation.

Applicants are encouraged to maintain an ongoing professional activity log. Relevant logbook pages containing the required information may be submitted as supporting evidence.

#### Part C – Applicant Declaration

I declare that this application and its supporting records are complete and accurate to the best of my knowledge. During the preceding five years I have applied the NDT method covered by this certificate without significant interruption. Any known complaints concerning my competence in relation to this certification are disclosed with the application. I agree to comply with the BSS NDT Code of Ethics (F-171).

|                       |  |
|-----------------------|--|
| Applicant Signature   |  |
| Name (Block Capitals) |  |
| Date                  |  |

|                                                                                                                                                                                        |                                                                                  |                |                          |
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**ANNEX A (CONTINUED)**

**Part D – Employer / Authorized Representative Verification**

I confirm that the applicant identified in Part A has been employed or engaged by the organization stated below and that, to the best of my knowledge, the information supplied in Parts A and B is correct. I further confirm that work relevant to the Level 3 certificate has been performed to a satisfactory standard during the stated period.

|                                  |                                                                             |
|----------------------------------|-----------------------------------------------------------------------------|
| <b>Company / Organization</b>    |                                                                             |
| <b>Department / Capacity</b>     |                                                                             |
| <b>Employment Period – From</b>  |                                                                             |
| <b>Employment Period – To</b>    |                                                                             |
| <b>Significant Interruption</b>  | <input type="checkbox"/> No <input type="checkbox"/> Yes – details attached |
| <b>Authorized Representative</b> |                                                                             |
| <b>Position / Designation</b>    |                                                                             |
| <b>Signature</b>                 |                                                                             |
| <b>Date</b>                      |                                                                             |
| <b>Telephone</b>                 |                                                                             |
| <b>Email</b>                     |                                                                             |

This verification shall be completed by the employer or an authorized representative. Where a significant interruption occurred, details shall be attached separately.

**Certification Scope**

|                                      |                                                                                                                                                                                                                                                                                                                                                                            |
|--------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Certificate to be Revalidated</b> |                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Certificate Number</b>            |                                                                                                                                                                                                                                                                                                                                                                            |
| <b>NDT Method</b>                    | <input type="checkbox"/> RT <input type="checkbox"/> UT <input type="checkbox"/> MT <input type="checkbox"/> PT <input type="checkbox"/> BRS <input type="checkbox"/> ET <input type="checkbox"/> RI <input type="checkbox"/> PAUT<br><input type="checkbox"/> TOFD <input type="checkbox"/> PAUT Data Interpretation<br><input type="checkbox"/> TOFD Data Interpretation |
| <b>Sector / Scope</b>                |                                                                                                                                                                                                                                                                                                                                                                            |

**For Certification Body Use Only**

|                                             |                                                          |
|---------------------------------------------|----------------------------------------------------------|
| <b>Application Verified</b>                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Renewal / Recertification Authorized</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Verification Details / Comments</b>      |                                                          |
| <b>Authorized By – Name / Position</b>      |                                                          |
| <b>Signature / Date</b>                     |                                                          |
| <b>Database Updated By / Date</b>           |                                                          |
| <b>New Expiry Date</b>                      |                                                          |
| <b>Certificate Issue Reference</b>          |                                                          |
| <b>Invoice / Payment Details</b>            |                                                          |

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### ANNEX B1 – STRUCTURED CREDIT SYSTEM FOR LEVEL 3 RECERTIFICATION

The structured credit route recognizes qualifying NDT and professional activities completed during the five-year period preceding recertification. Activity limits are applied annually and over the full period to promote a balanced record of professional practice.

- At least 100 total points shall be accumulated during the five-year recertification period.
- Between 50 and 70 points shall be obtained from any combination of Part A activities.
- Between 30 and 50 points shall be obtained from any combination of Part B activities.
- Verifiable supporting evidence shall accompany all claimed activities.

Typical evidence includes meeting agendas/attendance records, R&D summaries, publication references, training records, valid professional membership evidence, Certification Body role confirmation, and work-activity evidence using Annex C.

| Qualifying Activity                                                     | Credit per Activity | Maximum / Year | Maximum / 5 Years |
|-------------------------------------------------------------------------|---------------------|----------------|-------------------|
| <b>PART A</b>                                                           |                     |                |                   |
| 1. Performance of NDT activities                                        | 2 / day             | 25             | 95                |
| 2. Completion of theoretical training in the method                     | 1 / day             | 5              | 15                |
| 3. Completion of practical training in the method                       | 2 / day             | 10             | 25                |
| 4. Delivery of practical or theoretical NDT training                    | 1 / day             | 15             | 75                |
| 5. Participation in NDT research / NDT engineering activities           | 1 / week            | 15             | 60                |
| <b>PART B</b>                                                           |                     |                |                   |
| 6. Participation in technical seminars / papers relevant to the method  | 1 / day             | 2              | 10                |
| 7. Presentation of technical seminars / papers relevant to the method   | 1 / presentation    | 3              | 15                |
| 8. Current individual membership in an NDT-related professional society | 1 / membership      | 2              | 5                 |
| 9. Technical oversight or mentoring of NDT personnel / trainees         | 2 / mentee          | 10             | 40                |
| 10. Participation or convenorship in standards / technical committees   | 1 / committee       | 4              | 20                |
| 11. Performance of a technical NDT role within a Certification Body     | 2 / activity        | 10             | 40                |

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#### ANNEX B2 – STRUCTURED CREDIT POINTS CLAIM RECORD

|                                |  |
|--------------------------------|--|
| <b>Applicant's Full Name</b>   |  |
| <b>Candidate ID No.</b>        |  |
| <b>Certificate Number</b>      |  |
| <b>Scope (Method / Sector)</b> |  |
| <b>Expiry Date</b>             |  |

Use this record to summarize credit points claimed for Level 3 recertification. Supporting evidence shall be attached for every activity claimed. Applicants should maintain an ongoing log of admissible activities, including Continuing Professional Development (CPD).

| Activity                                          | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | 5-Year Total |
|---------------------------------------------------|--------|--------|--------|--------|--------|--------------|
| <b>PART A</b>                                     |        |        |        |        |        |              |
| 1. Performance of NDT activities                  |        |        |        |        |        |              |
| 2. Theoretical training completed                 |        |        |        |        |        |              |
| 3. Practical training completed                   |        |        |        |        |        |              |
| 4. NDT training delivered                         |        |        |        |        |        |              |
| 5. NDT research / engineering activity            |        |        |        |        |        |              |
| <b>PART B</b>                                     |        |        |        |        |        |              |
| 6. Technical seminar / paper participation        |        |        |        |        |        |              |
| 7. Technical seminar / paper presentation         |        |        |        |        |        |              |
| 8. Professional NDT membership                    |        |        |        |        |        |              |
| 9. Technical oversight / mentoring                |        |        |        |        |        |              |
| 10. Standards / technical committee participation |        |        |        |        |        |              |
| 11. Technical role within a Certification Body    |        |        |        |        |        |              |
| <b>TOTALS</b>                                     |        |        |        |        |        |              |

Only points supported by verifiable evidence will be considered by the Certification Body.

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### ANNEX C – LEVEL 3 PROFESSIONAL TASK RECORD

To demonstrate continuity of Level 3 duties, record a minimum of ten (10) relevant and verifiable Level 3 tasks completed during the five-year validity period. Use a separate record for each certificate.

| <b>Certificate Holder's Full Name</b> |                                                                     |                                                         |                                                         |
|---------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------|---------------------------------------------------------|
| <b>Candidate ID No.</b>               |                                                                     |                                                         |                                                         |
| <b>Certificate Number</b>             |                                                                     |                                                         |                                                         |
| <b>Date</b>                           | <b>Job / Report Reference and Brief Description of Level 3 Work</b> | <b>Employer / Client / Recipient of Level 3 Service</b> | <b>Verifier – Name, Signature &amp; Contact Details</b> |
|                                       |                                                                     |                                                         |                                                         |
|                                       |                                                                     |                                                         |                                                         |
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#### ANNEX D – PRACTICAL COMPETENCE SURVEILLANCE RECORD

Use this annex to record checks of the certificate holder's continued practical competence. Acceptable activities include on-the-job monitoring, re-inspection, or testing of a suitable training specimen. A separate record shall be maintained for each certificate.

At least one recorded surveillance activity per year is acceptable; two or more per year are preferred. The verifier/supervisor's certification shall be checked to confirm that it is valid and appropriate to the relevant method, sector and level at the time of surveillance.

| Certificate Holder's Full Name |                                                |                             |                     |                    |                    |
|--------------------------------|------------------------------------------------|-----------------------------|---------------------|--------------------|--------------------|
| Candidate ID No.               |                                                |                             |                     |                    |                    |
| Certificate Number             |                                                |                             |                     |                    |                    |
| Date of Surveillance           | Job / Report Reference & Test Piece / Specimen | Verifier Name, ID & Contact | Verifier's Employer | Verifier Signature | Result Pass / Fail |
|                                |                                                |                             |                     |                    |                    |
|                                |                                                |                             |                     |                    |                    |
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**ANNEX D1 – NDT EMPLOYMENT HISTORY (FIVE-YEAR PERIOD)**

Maintain this record throughout the certification period and update it whenever there is a change of employer, department, supervisor, position or NDT responsibilities.

| <b>Certificate Holder's Full Name</b>  |                                                                                       |                                                  |                                                              |
|----------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------------------------|
| <b>Candidate ID No.</b>                |                                                                                       |                                                  |                                                              |
| <b>Certificate Number / Method</b>     |                                                                                       |                                                  |                                                              |
| <b>Employment Period<br/>From – To</b> | <b>Employer / Organization<br/>Name &amp; Address<br/>(including contact details)</b> | <b>Department &amp; Immediate<br/>Supervisor</b> | <b>Position / Job Description /<br/>NDT Responsibilities</b> |
|                                        |                                                                                       |                                                  |                                                              |
|                                        |                                                                                       |                                                  |                                                              |
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Note: A current experience certificate or employer confirmation shall be submitted to demonstrate continued work activity in the NDT method and sector for which renewal or recertification is requested.

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#### **GUIDANCE – EVIDENCE FOR PERFORMANCE OF NDT ACTIVITIES**

1. When assessing claimed NDT work activity, the Certification Body may consider the responsibilities assigned to the employer and the duties associated with the applicant's certification level. Examples of acceptable professional activity include:

- understanding and applying customer specifications, inspection standards and applicable technical requirements;
- verification of operating conditions and equipment setup, successful performance of NDT and satisfactory reporting; and
- performance of duties as a Level 3 examiner, where applicable.

2. To evaluate the above activities, the Certification Body may request suitable documentary evidence demonstrating continued professional activity and competence. Evidence may include, but is not limited to:

- confirmation of work activities by a certified individual or competent referee;
- confirmation of the applicant's level of activity in the relevant NDT method;
- documented competency or proficiency assessments in the method;
- dates and reference numbers of inspection or technical reports;
- records of job-specific or continuation training;
- confirmation of employer authorization to perform NDT;
- summaries of technical activities and outputs;
- current job / position descriptions;
- periodic employer assessments of performance or competence;
- sample NDT reports;
- sample procedures developed by the Level 3 certificate holder;
- customer or client feedback;
- employer confirmation of adherence to the applicable Code of Ethics; and
- evidence of compliance with applicable national or regulatory requirements, including radiation safety where relevant.